Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Timothy Foley	M M / D D / Y Y Y Y
Mailing Address 20679 Glenbrook Terrace	10 25 2014 Amount
City State Zip Code Sterling VA 20165	10.00 Transaction ID : e19b40c6-b317-43d2-9
	Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Greg Orman Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee Eric J Smith	Date of Public Distribution/Dissemination
Mailing Address 4967 Dysartville	10 25 2014
Mailing Address 4967 Dysartville	Amount
City State Zip Code	80.00
Morganton NC 28655	Transaction ID: 4cfc7107-db9a-4aef-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 25 7 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	90.00
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
24.0	0 26 Y Y Y Y Y Y Y Y
Signature	

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)	F	EC I	IDENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report 48-hour report New report Amends report filed	on	М	/ D D /	Y = Y = Y
	Full Name of Payee	Date of	Publ	lic Distribution/	Dissemination
	Jennifer E Smith		M 10	25	2014
	Mailing Address 4967 Dysartsville Rd	Amoun	:		
ı	City State Zip Code	Г.			80.00
١	Morganton NC 28655	Transa Date of	ction Disb	ID: 33138309 oursement or C	<b>1-e513-4b54-a</b> Obligation
	Purpose of Expenditure Salary  Category/ Type 001	M	10 <sup>M</sup>	25	2014
	Name of Federal Candidate Support Office	Sought:		House	District: 00
	Ms. Kay Hagan Oppose	Presider	nt [	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement		Primary	X General
	Full Name of Payee Jennifer E Smith  Mailing Address 4967 Dysartsville Rd	M	10 <sup>M</sup>	lic Distribution,	Dissemination 2014
	City State Zip Code				7.20
١				ID: d9811cb0 oursement or (	-07b7-40b1-a
	Purpose of Expenditure Mileage  Category/ Type  002	M	M 10	25	2014
	Name of Federal Candidate Support Office	Sought		House	District: 00
	Ms. Kay Hagan Oppose	Preside	nt	Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014			Primary	General
(	(a) SUBTOTAL of Itemized Independent Expenditures		-7	7	87.20
(	(b) SUBTOTAL of Unitemized Independent Expenditures		-7		
(	(c) TOTAL Independent Expenditures				
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan  [Electronically Filed] Date	0 /	26	201	
	Oignaturo				

PAGE

OF

Schedule E)	III OI INDEFENDEN	II EXPEND	TOTILS		PAGE 3 OF 143 FOR SE OF FORM 24/48
NAME OF COMMITTEE (	(In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak O	ut PAC				C C00530766
Check if X 24-hour rep	ort 48-hour report	New rep	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee Jacob T Craig					of Public Distribution/Dissemination
Mailing Address 1410	) Bushville Dr			Amou	10 25 2014
				741100	
City Lenoir		State NC	Zip Code 28645		75.00 saction ID : 63e1653e-2a8e-4f85-9
Purpose of Expenditu Salary	re		Category/ Type 001		of Disbursement or Obligation  M
Name of Federal Can	didate		Support	Office Sough	ht: House District: 00
Ms. Kay Hagan			X Oppose	Presid	dent Senate State: NC
Calendar Year-To Per Election for	_ *****	10	60524.09	Disbursemen 2014	nt For:
Full Name of Payee		_		Date	of Public Distribution/Dissemination
Jacob T Craig				[	10 25 / Y Y Y Y Y Y Y
Mailing Address 14	110 Bushville Dr			Amo	unt
City		State	Zip Code		5.40
Lenoir		NC	28645		action ID: 60ff63b5-e510-4d35-8 of Disbursement or Obligation
Purpose of Expenditu Mileage	re		Category/ Type 002	$\Box \mid \Box$	10 25 2014
Name of Federal Car	ndidate		Support	Office Soug	ht: House District: 00
Ms. Kay Hagan			Oppose	Presid	dent Senate State: NC
Calendar Year-To Per Election for		, , ,	1060524.09	Disburseme 2014	nt For:
(a) SUBTOTAL of Iten	nized Independent Expenditur	es		·· •	80.40
(b) SUBTOTAL of Uni	temized Independent Expendi	tures		·· •	171171171
(c) TOTAL Independer	nt Expenditures			· •	7 1 7 1 2
with, or at the request		ate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily	Buchanan	[Electron	ically Filed] Date	e 10 /	26 / 2014
<del>-</del>					

Spruce Pine  NC 28777  Transaction ID: cd033416-0995-4b2 Date of Disbursement or Obligation  Purpose of Expenditure Salary  Category/ Type 001  Name of Federal Candidate  Support  Office Sought: House District:	ER ▼
Check if  24-hour report	
Full Name of Payee   Annunt	
Anthony Buchanan  Mailing Address 1090 McHone Rd  City State Zip Code Sought:  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Anthony Buchanan  Mailing Address 1090 McHone Rd	Y
Mailing Address 1090 McHone Rd    City	tion
City State Zip Code Spruce Pine NC 28777  Purpose of Expenditure Salary  Category/ Type 001  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Anthony Buchanan  Mailing Address 1090 McHone Rd	Y
Spruce Pine  NC  28777  Transaction ID: cd033416-0995-4b2 Date of Disbursement or Obligation  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Category/ Type  Office Sought:  House District:  Support  Month of Polyee Per Election for Office Sought  Full Name of Payee Anthony Buchanan  Mailing Address  1090 McHone Rd	
Spruce Pine  NC  28777  Transaction ID: cd033416-0995-4b2 Date of Disbursement or Obligation  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Category/ Type  Office Sought:  House District:  Support  Month of Polyee Per Election for Office Sought  Full Name of Payee Anthony Buchanan  Mailing Address  1090 McHone Rd	0.00
Purpose of Expenditure Salary  Category/ Type  Out  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  Anthony Buchanan  Category/ Type  Out  Office Sought:  House District:  Senate State:  Disbursement For: Primary  Other (specify)  Other (specify)  Date of Public Distribution/Dissemina  Mailing Address  1090 McHone Rd	e-b
Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Anthony Buchanan  Mailing Address 1090 McHone Rd	
Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Anthony Buchanan  Mailing Address 1090 McHone Rd  President  Senate State:  Disbursement For: Primary  2014  Other (specify) ▶  Date of Public Distribution/Dissemina	00
Per Election for Office Sought  1060524.09  Other (specify) ▶  Full Name of Payee Anthony Buchanan  Mailing Address 1090 McHone Rd	NC
Full Name of Payee Anthony Buchanan  Mailing Address 1090 McHone Rd	eneral
Anthony Buchanan  Mailing Address 1090 McHone Rd	tion
Mailing Address 1090 McHone Rd	Y Y
Turiount	
City State Zip Code 50.	00
Spruce Pine NC 28777 Transaction ID : f8f88a5a-7b04-44b8-Date of Disbursement or Obligation	.9
Purpose of Expenditure Salary  Category/ Type  O01  10  25  2014	
Name of Federal Candidate Support Office Sought: House District:	00
	NC
Calendar Year-To-Date Per Election for Office Sought  1060524.09  Disbursement For: □ Primary ▼ Gereal Other (specify) ► □ Other (specify)	eneral
(a) SUBTOTAL of Itemized Independent Expenditures	)
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or consultation, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a polyparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10 26 2014	
Signature	

PAGE 4

OF

	neddic E)			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)	F	EC II	DENTIFICATION	ON NUMBER ▼
V۷	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed	I on	М	/ D D /	Y I Y I Y I Y
Т	Full Name of Payee	Date of	Publi	ic Distribution/	Dissemination
	Casey Stockton	M 1	0	25	2014
	Mailing Address 105 South Dale St	Amount			
ŀ	City State Zip Code				50.00
	Spruce Pine NC 28777			ID: 56c33d0e ursement or C	e-1cc6-4af5-b
	Purpose of Expenditure Salary  Category/ Type 001	М		25	2014
ŀ	Name of Federal Candidate Support Office	e Sought:	Γ	House	District:00
	Ms. Kay Hagan Oppose	Presiden	t_ [	Senate	State: NC
İ	1000504.00	ursement	For:	Primary	X General
	Per Election for Office Sought 1060524.09 2014	Oth	er (sp	pecify) 🕨	
	Full Name of Payee  Tristan Hightower	M	M	/ D D /	/Dissemination
	Mailing Address 2490 W Cornerstone PI	. 1	0	25	2014
		Amount			
ľ	City State Zip Code		مي		30.00
	Fayetteville AR 72703	Transac Date of	t <b>ion II</b> Disb	<b>D: 057167b8</b> -ursement or 0	-e61e-4e7f-8 Obligation
	Purpose of Expenditure Salary  Category/ Type  001	М		25	2014
ľ	Name of Federal Candidate Support Office	e Sought:	Γ	House	District:00
	M M 11 B	Presiden		X Senate	State: AR
				Primary	General
(	(a) SUBTOTAL of Itemized Independent Expenditures		7	, ,	80.00
(	(b) SUBTOTAL of Unitemized Independent Expenditures		-7-		
(	(c) TOTAL Independent Expenditures				
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	M /	26	/ 7 7 201	4
	Signature				
		1		ų.	

PAGE 5

OF

Schedule E)	I EXI ENDI	TOTILO		PAGE 6 OF 143 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Tristan Hightower			M = M	c Distribution/Dissemination
Mailing Address 2490 W Cornerstone PI			10 Amount	25 2014
City	State	Zip Code		6.90
Fayetteville	AR	72703		ID: f6caa8ad-e8c4-4889-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , , 2	03387.65	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Gloria L Moyer			Date of Publi	ic Distribution/Dissemination
Mailing Address 1505 Dills Creek Lane			Amount	25 2014
City	State	Zip Code		20.00
Morehead	NC	28557		D: fbe7699f-c068-404c-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1060524.09	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	9S		·	26.90
(b) SUBTOTAL of Unitemized Independent Expendit	ures		<b>•</b>	
(c) TOTAL Independent Expenditures				7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1
			7	49- 1 40-
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 26	2014
Olyriature				

Schedule E)	TI EXI EILD	ITOTIES		PAGE 7 OF 143 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee			Date o	f Public Distribution/Dissemination
Gloria L Moyer				10 25 / Y Y Y Y
Mailing Address 1505 Dills Creek Lane			Amour	nt
City	State	Zip Code		4.50
Morehead	NC	28557		action ID: 47b53057-1713-4234-8 If Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 25 / Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		X Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	060524.09	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date of	of Public Distribution/Dissemination
Diane Smith			М	10 25 2014
Mailing Address 4006 Wolkswalk Place			Amour	nt
City	State	Zip Code		21.50
Raleigh	NC	27610		ction ID : 05284aa7-afef-40ba-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 25 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	1060524.09	Disbursement 2014 Of	t For:
(a) SUBTOTAL of Itemized Independent Expenditu	res			26.00
(b) SUBTOTAL of Unitemized Independent Expend	itures		· •	7 7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10	26 2014
- 3				

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee Diane Smith	Date of Public Distribution/Dissemination
		10 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 4006 Wolkswalk Place	Amount
ı	City State Zip Code	0.90
	Raleigh NC 27610	Transaction ID : da595cf8-59dc-4e12-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 25 7 2014
ı	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For:
	Full Name of Payee Cecilia B Johnson  Mailing Address 638 Sawyer Rd	Date of Public Distribution/Dissemination  10 25 2014  Amount
		7 tillount
١	City State Zip Code	10.80
ı		Transaction ID: 0fe5543a-926b-4e1f-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	10 25 2014
١	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement For:  Primary  General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	11.70
(	(b) SUBTOTAL of Unitemized Independent Expenditures	
(	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan  [Electronically Filed] Date  Signature	26 2014
	Oignature	

PAGE

OF

Schedule E)	INT EXILID	ITOTILO		PAGE 9 OF 143 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Cecilia B Johnson			Date of Pu	blic Distribution/Dissemination
Mailing Address 638 Sawyer Rd			10	25 2014
			Amount	
City	State	Zip Code	L	4.50
Hays	NC	28635		n ID: 8e304e82-68bd-40c4-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	060524.09	Disbursement For 2014 Other	:
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Anthony W Stevens			10	25 2014
Mailing Address 3405 German Shepherd Trail			Amount	النتيا لها ا
City	State	Zip Code		22.00
Wake Forest	NC	27587		n ID: 010332af-8b23-4a9c-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 <sup>M</sup>	/ 25 / Y 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1060524.09	Disbursement For 2014 Other	: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			26.50
				7 1 7 1 7 1
(b) SUBTOTAL of Unitermized Independent Expen	ditures		• •	7
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7 1 7 1 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 26	
2.9				

oblicatio E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if $X$ 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Anthony W Stevens	10 25 2014
Mailing Address 3405 German Shepherd Trail Amo	ount
City State Zip Code	4.38
Wake Forest NC 27587 Train	nsaction ID : ad552f98-127e-468f-a e of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 25 7 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Kay Hagan Presi	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 1060524.09  Disbursement 1060524.09	, ,
Full Name of Payee Date	Other (specify) ▶e of Public Distribution/Dissemination
Matt Gleb	10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3815 Robin Road Amo	ount
City State Zip Code	22.00
Ayden NC 28513 Tran	saction ID: cb1d5484-ffab-4a47-8 e of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 25 / 2014
Name of Federal Candidate Support Office Sou	ght: House District:00
Ms. Kay Hagan Pres	ident State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	26.38
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE 10

OF

ooneddic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Matt Gleb	10 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3815 Robin Road Amo	ount
City State Zip Code	7.50
Ayden NC 28513 Tran	nsaction ID : dbae389b-64c3-4796-9 e of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 25 7 2014
Name of Federal Candidate Support Office Sou	ight: House District: 00
Ms. Kay Hagan	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014 2014	
	Other (specify)
Camille N Yearry	te of Public Distribution/Dissemination  10 25 2014
Mailing Address 2025 NE 67th St	10 25 2014 nount
City State Zip Code	20.00
Gladstone MO 64118 <b>Tran</b>	nsaction ID: 739558e4-361d-429e-a te of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 D D Z5 Z014
Name of Federal Candidate Support Office Sou	ught: House District:00
Mr. Mark L Pryor Oppose Presi	sident State: AR State:
Calendar Year-To-Date Per Election for Office Sought  Disbursement 203387.65  Disbursement 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	27.50
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (in party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE 11

OF

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Camille N Yearry	D	ate of Public Distribution/Dissemination
· ·		10 25 7 2014
Mailing Address 2025 NE 67th St	A	mount
City	tate Zip Code	6.66
		ransaction ID : 259aa5e9-e8a7-45fb-9 ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 25 7 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Mr. Mark L Pryor	∑ Oppose Pro	esident State: AR
Calendar Year-To-Date Per Election for Office Sought	203387.65 Disburse 2014	ment For:
Full Name of Payee Christine R McDonald	D	Pate of Public Distribution/Dissemination
Mailing Address 3751 N Jeanette Ave	A	mount
City	tate Zip Code	31.00
Wichita		ansaction ID : 3adb17d2-2ed2-4464-b late of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 25 / 2014
Name of Federal Candidate	Support Office S	ought: House District: 00
Mr. Greg Orman	∑ Oppose	esident X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	183442.96 Disburse 2014	ement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		37.66
(b) SUBTOTAL of Unitemized Independent Expenditure	s	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized committee or agent of either, o	
Ms. Emily Buchanan	[Electronically Filed] Date 10	26 2014
Signature		

PAGE

OF

				FOR SE OF	FORM 24/48
	E OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
VVC	omen Speak Out PAC		С	C00530766	
Chec	k if X 24-hour report 48-hour report New report Amends report filed	on M	- M	/ D = D /	Y I Y I Y I Y
	Full Name of Payee	Date o	of Pub	lic Distribution/	Dissemination
L	Christine R McDonald		10 <sup>M</sup>	25	2014
N	Mailing Address 3751 N Jeanette Ave	Amour	nt		
	City State Zip Code				9.60
	Wichita KS 67204			ID: 9a18d20e oursement or C	
	Purpose of Expenditure Mileage  Category/ Type  002		10 <sup>M</sup>	25	2014
Ν	Name of Federal Candidate Support Office	Sought	t:	House	District:00
	Mr. Greg Orman Oppose	Preside		Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement		Primary specify) ▶	General
F	Full Name of Payee Samantha S Johnson		of Pub	olic Distribution	
_	Mailing Address 638 Sawyer Rd	IM	10 <sup>M</sup>	25	2014
	0 030 Sawyer Nu	Amou	nt		
(	City State Zip Code				11.70
	Hays NC 28635			ID: ba7d2f59- bursement or 0	
	Purpose of Expenditure Salary  Category/ Type 001		10 <sup>M</sup>	25	2014
1	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
Ľ	Ms. Kay Hagan Oppose	Preside	ent	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014			Primary specify) ▶	General
(a	) SUBTOTAL of Itemized Independent Expenditures		-7	7	21.30
(b	) SUBTOTAL of Unitemized Independent Expenditures			<del>-</del>	
(c	) TOTAL Independent Expenditures		7	7	
wit	nder penalty of perjury I certify that the independent expenditures reported herein were not math, or at the request or suggestion of, any candidate or authorized committee or agent of either arty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 10	0 / I	26		4
	Signature				

PAGE

13

OF

Schedule E)		PAGE 14 OF 143 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC C00530766						
		0 00000133				
Check if 24-hour report 48-hour report	New report Amends report filed	I on M M M / D D / Y Y Y Y Y				
Full Name of Payee		Date of Public Distribution/Dissemination				
Jennie Butler		10 25 2014				
Mailing Address 1676 Shady Creek Rd		Amount				
City State	Zip Code	25.83				
Ayden NC	28513	Transaction ID : f5a1ba7f-b164-4add-8 Date of Disbursement or Obligation				
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation  10 25 2014				
Name of Federal Candidate	Support Office	e Sought: House District: 00				
Ms. Kay Hagan	X Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought	Disb 1060524.09 2014	ursement For: Primary X General  Other (specify) ▶				
Full Name of Payee	,	Date of Public Distribution/Dissemination				
Jennie Butler		M = M / D = D / Y = Y = Y				
Mailing Address 1676 Shady Creek Rd		10 25 2014				
1070 Shauy Cleek Nu		Amount				
City State	Zip Code	6.30				
Ayden NC	28513	Transaction ID : de0c42bc-2fba-483f-b Date of Disbursement or Obligation				
Purpose of Expenditure Mileage	Category/ Type 002	10 25 / 2014				
Name of Federal Candidate	Support Offic	e Sought: House District: 00				
Ms. Kay Hagan	X Oppose	President State: NC State:				
Calendar Year-To-Date Per Election for Office Sought	1060524.09 Disb 2014	ursement For:				
-						
(a) SUBTOTAL of Itemized Independent Expenditures	·····	32.13				
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>•</b>					
(c) TOTAL Independent Expenditures	<b>&gt;</b>					
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.						
Ms. Emily Buchanan	Electronically Filed] Date	10 26 2014				
Signature						

ooneddie Ey	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	of Public Distribution/Dissemination
	10 25 / Y Y Y Y Y Y
Mailing Address 3815 Robin Road Amor	unt
City State Zip Code	25.83
Ayden NC 28513 Tran	saction ID : 252f549a-4df6-402f-b of Disbursement or Obligation
Purpose of Expenditure	10 25 2014
Name of Federal Candidate Support Office Soug	ght: House District: 00
Ms. Kay Hagan Presid	dent State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ent For: ☐ Primary ☐ General  Other (specify) ▶
	e of Public Distribution/Dissemination
Mailing Address 3039 Four Way Rd Amo	10 25 2014 punt
City State Zip Code	20.00
Snow Hill NC 28580 Trans	saction ID : a2e04417-edac-40fb-a of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	10 / 25 / 2014
Name of Federal Candidate Support Office Soug	ght: House District: 00
Ms. Kay Hagan Oppose Presid	
Calendar Year-To-Date  Per Election for Office Sought  1060524.09  Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	45.83
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	26 2014
Signature	

PAGE 15

OF

Schedule E)	VI EXI END	ITOTILO		PAGE 16 OF 143 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC	Women Speak Out PAC						
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y Y Y Y Y			
Full Name of Payee Judith A Murphy				of Public Distribution/Dissemination			
Mailing Address PO Box 37			Amour	10 25 2014			
City	State	Zip Code		32.50			
East Bend	NC	27018		action ID: 7a4d9eec-6751-41eb-9 of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001		10 25 2014			
Name of Federal Candidate		Support	Office Sough	t: House District: 00			
Ms. Kay Hagan		X Oppose	Preside				
Calendar Year-To-Date Per Election for Office Sought	, 10	060524.09	Disbursement 2014 Of	t For: Primary ⊠ General			
Full Name of Payee  Judith A Murphy	=			of Public Distribution/Dissemination			
Mailing Address PO Box 37			Amou	10 25 2014			
			7411041				
City East Bend	State NC	Zip Code 27018		9.60 ction ID : fcb33012-27e9-433c-a			
Purpose of Expenditure Mileage		Category/ Type 002		of Disbursement or Obligation			
Name of Federal Candidate		Support	Office Sough	t: House District: 00			
Ms. Kay Hagan		X Oppose	Preside	NC			
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	1060524.09	Disbursemen 2014 O	t For:  Primary			
(a) SUBTOTAL of Itemized Independent Expenditures							
(b) SUBTOTAL of Unitemized Independent Expend	itures						
			· L.				
(c) TOTAL Independent Expenditures			<b>•</b>	7 1 7 1 7			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10	26 2014			
-							

Calendar Vear-To-Date Per Election for Office Sought  Full Name of Payee  Claim & Support	oneduic Ly		FOR SE OF FORM 24/48
Check if 24-hour report  48-hour report  New report  Amends report filled on  15			FEC IDENTIFICATION NUMBER ▼
Date of Payee   Date of Public Distribution/Dissemination   Date	vomen Speak Out PAC		C C00530766
Claud B Murphy JR  Mailing Address PO Box 37  City State Zip Code East Bend NC 27018  Purpose of Expenditure Salary   Category/ Type   O01   To   0 25    2014    Name of Federal Candidate   Support   Senate State   NC   State   NC   State   NC   State   State   NC   State   State   NC   State   NC   State   State   NC	neck if 24-hour report 48-hour report New re	port Amends report filed	d on M M M / D D / Y Y Y Y Y Y
Mailing Address PO Box 37  City State Zip Code 27018  Purpose of Expenditure Salary Calendar Year-To-Date Per Election for Office Sought NC 28645  Full Name of Payee Haley A Zimmerman  Mailing Address 1409 Robbins Dr  City State Zip Code President Senate State: NC 2014  Mailing Address 1409 Robbins Dr  Category/ 001  Tansaction ID: 89cb4025-dfa9-4fa2-a Date of Disbursement or Obligation  Transaction ID: 89cb4025-dfa9-4fa2-a Date of Disbursement or Obligation  To discuss Popose President Senate State: NC 25014  Other (specify) ▶  Category/ 001  Transaction ID: dfe64eb7-c41b-4fbf-9 Date of Disbursement or Obligation  Transaction ID: dfe64eb7-c41b-4fbf-9 Date of Disbursement For: Primary Senate State: NC Disbursement For: Primary Se	Full Name of Payee		Date of Public Distribution/Dissemination
City State Zip Code 32.5  East Bend NC 27018  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  Haley A Zimmerman  Mailing Address 1409 Robbins Dr  City State Zip Code Purpose of Expenditure  Salary  Category/ 1/10	· ·		
Purpose of Expenditure Salary    Category/Type   Oot	Mailing Address PO Box 37		Amount
Purpose of Expenditure Salary    Category/Type   Oot	City State	Zin Code	32 50
Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  City Lenoir  Purpose of Expenditure Salary  Category/ Type  Office Sought:  House District: Office Sought:  Disbursement For: Primary Gene 2014  Other (specify)  Date of Public Distribution/Dissemination  Mailing Address 1409 Robbins Dr  Amount  City State Lenoir  Purpose of Expenditure Salary  Category/ Name of Federal Candidate Ms. Kay Hagan  Category/ Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Category/ Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary  Gene 2014  Other (specify)  102.50  (b) SUBTOTAL of Unitemized Independent Expenditures  Page 102.50	1	·	Transaction ID : 89cb4025-dfa9-4fa2-a
Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Mailing Address  1409 Robbins Dr  City Lenoir  Purpose of Expenditure Salary  Category/ Name of Federal Candidate Ms. Kay Hagan  Category/ Ms. Kay Hagan  Category/ Ms. Kay Hagan  Category/ Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  NC  Support  Other (specify) ▶  Date of Public Distribution/Dissemination  Amount  Transaction ID: dfe64eb7-c41b-4fbf-9  Date of Disbursement or Obligation  Transaction ID: dfe64eb7-c41b-4fbf-9  Date of Disbursement or Obligation  Office Sought:  House District:  NC  Oppose  President  Support  Office Sought:  House District:  Other (specify) ▶  Calendar Year-To-Date Per Election for Office Sought  Other (specify) ▶  102.50  (b) SUBTOTAL of Unitemized Independent Expenditures  Independent Expenditures	l '		M M / D D / Y Y Y Y
Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Haley A Zimmerman  Mailing Address 1409 Robbins Dr  City State Zip Code Lenoir NC 28645  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Toffice Sought: House District: O Primary Gene  Gene  Category/ Out  Type  Office Sought: House District: O Primary  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Toffice Sought: House District: O Primary  Gene  Calendar Year-To-Date Per Election for Office Sought  Toffice Sought: House District: O Primary  Gene  Other (specify) ▶  102.50  (b) SUBTOTAL of Unitemized Independent Expenditures	Name of Federal Candidate	Support Offic	e Sought: House District: 00
Per Election for Office Sought  Full Name of Payee Haley A Zimmerman  Mailing Address 1409 Robbins Dr  City State Zip Code Lenoir NC 28645  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Date of Public Distribution/Dissemination  Amount  Transaction ID: dfe64eb7-c41b-4fbf-9 Date of Disbursement of Disdigation  70.00  Transaction ID: dfe64eb7-c41b-4fbf-9 Date of Disbursement of Disdigation  70.00  Transaction ID: dfe64eb7-c41b-4fbf-9 Date of Disbursement of Obligation  70.00  Transaction ID: dfe64eb7-c41b-4fbf-9 Date of Disbursement For Obligation  70.00  Transaction ID: dfe64eb7-c41b-4fbf-9 Date of Disbursement For Obligation  70.00  Transaction ID: dfe64eb7-c41b-4fbf-9 Date of Disbursement For Obligation  70.00  Transaction ID: dfe64eb7-c41b-4fbf-9 Date of Disbursement For Obligation  70.00  Transaction ID: dfe64eb7-c41b-4fbf-9 Date of Disbursement For Obligation  70.00  Transaction ID: dfe64eb7-c41b-4fbf-9 Date of Disbursement For Obligation  70.00  Transaction ID: dfe64eb7-c41b-4fbf-9 Date of Disbursement For Obligation  70.00  Transaction ID: dfe64eb7-c41b-4fbf-9 Date of Disbursement For Obligation  70.00  Transaction ID: dfe64eb7-c41b-4fbf-9 Date of Disbursement For Obligation  70.00  Transaction ID: dfe64eb7-c41b-4fbf-9 Date of Disbursement For Obligation  70.00  Transaction ID: dfe64eb7-c41b-4fbf-9 Date of Disbursement For Obligation  70.00  Transaction ID: dfe64eb7-c41b-4fbf-9 Date of Disbursement For Obligation  70.00  Transaction ID: dfe64eb7-c41b-4fbf-9 Date of Disbursement For Obligation  70.00  Transaction ID: dfe64eb7-c41b-4fbf-9 Date of Disbursement For Obligation  70.00  Transaction ID: dfe64eb7-c41b-4fbf-9 Date of Disbursement For Obligation  70.00  Transaction ID: dfe64eb7-c41b-4fbf-9 Date of Disbursement For Obligation  70.00  Transaction ID: dfe64eb7-c41b-4fbf-9 Date of Disbursement For Obligation  70.00  Transaction ID: dfe64eb7-c41b-4fbf-9 Date of Disbursement	Ms. Kay Hagan		
Full Name of Payee Haley A Zimmerman  Mailing Address 1409 Robbins Dr  City State Zip Code Lenoir NC 28645  Purpose of Expenditure Salary Type 001  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Date of Public Distribution/Dissemination  Amount  Amount  Transaction ID : dfe6deb7-c41b-4fbf-9 Date of Disbursement or Obligation  Transaction ID : dfe6deb7-c41b-4fbf-9 Date of Disbursement or Obligation  Transaction ID : dfe6deb7-c41b-4fbf-9 Date of Disbursement or Obligation  Transaction ID : dfe6deb7-c41b-4fbf-9 Date of Disbursement For Obligation  Transaction ID : dfe6deb7-c41b-4fbf-9 Date of Disbursement For Obligation  Transaction ID : dfe6deb7-c41b-4fbf-9 Date of Disbursement For Obligation  Transaction ID : dfe6deb7-c41b-4fbf-9 Date of Disbursement For Obligation  Transaction ID : dfe6deb7-c41b-4fbf-9 Date of Disbursement For Obligation  Transaction ID : dfe6deb7-c41b-4fbf-9 Date of Disbursement For Obligation  Transaction ID : dfe6deb7-c41b-4fbf-9 Date of Disbursement For Obligation  Transaction ID : dfe6deb7-c41b-4fbf-9 Date of Disbursement For Obligation  Transaction ID : dfe6deb7-c41b-4fbf-9 Date of Disbursement For Obligation  Transaction ID : dfe6deb7-c41b-4fbf-9 Date of Disbursement For Obligation  Transaction ID : dfe6deb7-c41b-4fbf-9 Date of Disbursement For Obligation  Transaction ID : dfe6deb7-c41b-4fbf-9 Date of Disbursement For Obligation  Transaction ID : dfe6deb7-c41b-4fbf-9 Date of Disbursement For Obligation  Transaction ID : dfe6deb7-c41b-4fbf-9 Date of Disbursement For Obligation  Transaction ID : dfe6deb7-c41b-4fbf-9 Date of Disbursement For Obligation  Transaction ID : dfe6deb7-c41b-4fbf-9 Date of Disbursement For Obligation  Transaction ID : dfe6deb7-c41b-4fbf-9 Date of Disbursement For Obligation  Transaction ID : dfe6deb7-c41b-4fbf-9 Date of Disbursement For Obligation  Transaction ID : dfe6deb7-c41b-4fbf-9 Date of Disbursement For			
Haley A Zimmerman  Mailing Address 1409 Robbins Dr  City State Zip Code Lenoir NC 28645  Purpose of Expenditure Salary  Category/ Tiype  On1  NS Support  NS Supp	Tel Election of Office Godgitt		U Other (specify) ▶
Mailing Address 1409 Robbins Dr  City State Zip Code 70.00 Lenoir NC 28645  Purpose of Expenditure Salary Category/ Type 001  Name of Federal Candidate Support Ms. Kay Hagan Senate State: NC Oppose President Senate State: NC Calendar Year-To-Date Per Election for Office Sought 1060524.09  (a) SUBTOTAL of Itemized Independent Expenditures 102.50			Date of Public Distribution/Dissemination
Lenoir NC 28645  Transaction ID: dfe64eb7-c41b-4fbf-9 Date of Disbursement or Obligation  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: dfe64eb7-c41b-4fbf-9 Date of Disbursement or Obligation  M	Mailing Address 1409 Robbins Dr		
Lenoir NC 28645  Transaction ID: dfe64eb7-c41b-4fbf-9 Date of Disbursement or Obligation  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: dfe64eb7-c41b-4fbf-9 Date of Disbursement or Obligation  M	City State	Zip Code	70.00
Purpose of Expenditure Salary  Category/ Type  O01  Office Sought: House District: O  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Type  Office Sought: House District: O  NC  NC  Oppose  President State: NC  Other (specify)  Other (specify)  Other (specify)  Type  O01  Type  O01  Type  O01  Type  O01  Type  Office Sought: House District: O  NC  Other (specify)  Other (specify)  Type  Office Sought: House District: O  NC  Other (specify)  Other (specify)  Type  Office Sought: House District: O  NC  Other (specify)  Other (specify)  Type  Other (specify)		•	Transaction ID : dfe64eb7-c41b-4fbf-9  Date of Dishursement or Obligation
Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Electi			M M / D D / Y Y Y Y
Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary 2014  Other (specify) ►  Calendar Year-To-Date Per Election for Office Sought  Other (specify) ►  102.50  (b) SUBTOTAL of Unitemized Independent Expenditures	Name of Federal Candidate	Support Office	ee Sought: House District: 00
Per Election for Office Sought  1060524.09  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures	Ms. Kay Hagan		
(b) SUBTOTAL of Unitemized Independent Expenditures			4
	(a) SUBTOTAL of Itemized Independent Expenditures	·····	102.50
	(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	(c) TOTAL Independent Expenditures	<b>&gt;</b>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concurring with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politic party committee) any political party committee or its agent.	with, or at the request or suggestion of, any candidate or authorize		
Ms. Emily Buchanan [Electronically Filed] Date 10 26 2014			
Signature	Signature		

PAGE 17

OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Haley A Zimmerman	10 25 2014
Mailing Address 1409 Robbins Dr	mount
City State Zip Code	25.80
Lenoir NC 28645 Tr	ansaction ID: 1a548a14-be9e-4187-9 ate of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District: 00
Mc Kay Hagan	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014	ment For:
Full Name of Payee  Joseph R Rys	ate of Public Distribution/Dissemination
Mailing Address 160 #50 Pompano Dr	10 25 2014
	mount
City State Zip Code	35.00
Da	ansaction ID : c53e0cb7-75ba-4331-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 25 2014
Name of Federal Candidate Support Office Sc	ought: House District: 00
	esident State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburses 2014	ment For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	60.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	26 2014
Signature	

PAGE 18

OF

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
٦	Full Name of Payee	Date of Public Distribution/Dissemination
	Joseph R Rys	10 25 2014
	Mailing Address 160 #50 Pompano Dr	Amount
	City State Zip Code	9.69
	New Bern NC 28560	Transaction ID : b648efc2-92b2-4fc7-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 25 / Y 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For:  Primary
	Full Name of Payee Valerie K Braymer  Mailing Address 106 Ridge Trail	Date of Public Distribution/Dissemination  M M M / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Zip Code	30.00
	,	Transaction ID : 3c5fb3ac-36c7-49a7-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	10 / 25 / 2014
	Name of Federal Candidate Support Office	Sought: House District:00
	Mr. Greg Orman Oppose	President State: KS Senate
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	39.69
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	7
1	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan  [Electronically Filed] Date    Mate	0 26 2014
	Jigilatule	

PAGE

19

OF

Schedule E)	itti Exi Eito	TOTILO		PAGE 20 OF 143 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼							
Women Speak Out PAC	Women Speak Out PAC						
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y			
Full Name of Payee Valerie K Braymer			_MN				
Mailing Address 106 Ridge Trail			Amount	25 2014			
City	State	Zip Code		9.60			
Boerne	TX	78006		on ID : 114664b9-c67f-45cc-8 bisbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	10				
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Mr. Greg Orman		X Oppose	President	Senate State: KS			
Calendar Year-To-Date Per Election for Office Sought	, , ,	83442.96	Disbursement For 2014 Other	or: Primary X General · (specify) ▶			
Full Name of Payee			Date of F	Public Distribution/Dissemination			
Aaron R Cowart			10	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 184 South Military Rd			Amount	25 2514			
City	State	Zip Code		30.00			
Slidell	LA	70458		on ID : efd95888-adcc-4583-8 Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	M 10	25 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought		210363.37	Disbursement Fo	or:			
(a) SUBTOTAL of Itemized Independent Expenditures							
(b) SUBTOTAL of Uniternized Independent Exper	nditures						
(1)				7 7			
(c) TOTAL Independent Expenditures			·	47. 47. 45.			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candragery committee) any political party committee or	idate or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	4.0	26 2014			
S.g.iataro							

Sch	edule E)	<b>L</b> /(1 <b>L</b> /(2)	101120		PAGE 21 OF 143 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC				C C00530766
Chec	ek if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Full Name of Payee Aaron R Cowart				of Public Distribution/Dissemination
M	Mailing Address 184 South Military Rd			Amour	10 25 2014 nt
	Dity	State	Zip Code		6.90
	Slidell	LA	70458		action ID : bbfdab8e-8a66-49e2-8 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		10 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ν	Name of Federal Candidate		Support	Office Sough	t: House District: 00
<u> </u>	Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	2	210363.37	Disbursement 2014 Of	t For: Primary X General ther (specify) ▶
	Full Name of Payee Lisa A Funck				of Public Distribution/Dissemination
N	Mailing Address 23901 W Hwy 66			Amou	10 25 2014 nt
	Dity	State	Zip Code		70.00
_	Calumet	OK	73014	Transa Date o	ction ID : 1941d13b-b14e-4a7c-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 25 / 2014
١	Name of Federal Candidate		Support	Office Sough	t: House District:00
	Mr. Mark L Pryor		X Oppose	Preside	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	203387.65	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a)	) SUBTOTAL of Itemized Independent Expenditures	S			76.90
(b)	) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	
(c)	) TOTAL Independent Expenditures			· [	
wit	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	26 2014
	Signature				

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	I on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Lisa A Funck	10 25 2014
	Mailing Address 23901 W Hwy 66	Amount
	City State Zip Code	46.50
	Calumet OK 73014	Transaction ID : 7ccf437f-e25d-4439-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 25 / Y 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	000007.05	ursement For: Primary X General
	Per Election for Office Sought 203387.65 2014	Other (specify) ▶
	Full Name of Payee Ceslie A Benner	Date of Public Distribution/Dissemination
	Mailing Address 2081 Knob Hill Rd	10 25 2014 Amount
	City State Zip Code	70.00
	Azle TX 76020	Transaction ID : b99c8d6b-aeaa-4d82-8
	Purpose of Expenditure Salary  Category/ Type  001	Date of Disbursement or Obligation  10 25 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	116.50
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		0 26 2014
	Signature	

PAGE 22

OF

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on M	= M	/ D = D /	YIYIY
П	Full Name of Payee	Date of	of Pub	olic Distribution	Dissemination
	Heather A Smith	M	10 <sup>M</sup>	25	2014
	Mailing Address 995 Clairborne Rd	Amou	nt		
	City State Zip Code				32.00
	Calhoun LA 71225			ID: aa278f6b bursement or (	-5fe9-4e10-9
	Purpose of Expenditure Salary  Category/ Type 001		10 <sup>M</sup>	25	2014
1	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms. Mary L Landrieu Oppose	Preside		Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 210363.37  Disbut 2014	rsemen		Primary	General
١	Full Name of Payee			olic Distribution	/Discomination
	Heather A Smith	Date	10 Tul	/ DISTRIBUTION / 25	2014
	Mailing Address 995 Clairborne Rd	Amou	-		.20,1
1	City State Zip Code				8.10
	Calhoun LA 71225			ID: 2f246bf6-	
	Purpose of Expenditure Mileage  Category/ Type  002	_	10 <sup>M</sup>	25	2014
1	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Ms. Mary L Landrieu Oppose	Preside	ent	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 210363.37			Primary specify) ▶	General
	(a) SUBTOTAL of Itemized Independent Expenditures		-7		40.10
	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures	Г.		7-	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	0 /	26		4
	Signature				

PAGE

23

OF

Schedule E)	I EXI END	TOTILO		PAGE 24 OF 143 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC	Women Speak Out PAC C C00530766						
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D = D / Y = Y = Y			
Full Name of Payee			Date of	of Public Distribution/Dissemination			
Carol L Walters				10 25 / Y Y Y Y			
Mailing Address 1900 Glen West Way			Amou	nt			
City	State	Zip Code	— I	70.00			
Fort Smith	AR	72916		action ID : f13d9565-7c26-42b7-b of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001		10 25 / Y 2014			
Name of Federal Candidate		Support	Office Sough	t: House District:00			
Mr. Mark L Pryor		X Oppose	Preside	ent Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought	, , , , 2	203387.65	Disbursemen 2014 O	t For:			
Full Name of Payee			Date	of Public Distribution/Dissemination			
Carol L Walters			IV	10 25 2014			
Mailing Address 1900 Glen West Way			Amou	nt			
City	State	Zip Code	-	6.60			
Fort Smith	AR	72916		ction ID : 90004814-c76e-413a-a of Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	N	10 25 / 2014			
Name of Federal Candidate		Support	Office Sough	t: House District:00			
Mr. Mark L Pryor		X Oppose	Preside				
Calendar Year-To-Date Per Election for Office Sought	, , ,	203387.65	Disbursemen 2014 O	t For:			
(a) SUBTOTAL of Itemized Independent Expenditures							
(-,				7 7			
(b) SUBTOTAL of Unitemized Independent Expendit	tures		· •	1 1/2 1 1 1/2 1			
(c) TOTAL Independent Expenditures			•	7 1 7 1 7			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10	26 2014			
3							

	nedule Ly			FOR SE OF	FORM 24/48	
	NAME OF COMMITTEE (In Full)  MANAGE OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼					
۷۷	omen Speak Out PAC		С	C00530766		
Che	ck if 24-hour report 48-hour report New report Amends report filed		- M	/ D = D /	Y Y Y Y Y	
Т	Full Name of Payee	Date (	of Pub	lic Distribution	/Dissemination	
	Sue G Walker	M	10 <sup>M</sup>	25	2014	
	Mailing Address 3 Girard	Amou	nt			
ŀ	City State Zip Code	П.			70.00	
	Fort Smith AR 72901			ID : ccc73019 oursement or (		
	Purpose of Expenditure Salary  Category/ Type  001		10	25	2014	
ľ	Name of Federal Candidate Support Offic	e Sough	ıt:	House	District:00	
	Mr. Mark L Pryor Oppose	Preside		Senate	State: AR	
	Calendar Year-To-Date Per Election for Office Sought  Disb 203387.65	ursemen		Primary	General	
-	Full Name of Payer			specify)	/D: : ::	
	Full Name of Payee Sue G Walker	_	и – м	/ D D /	/Dissemination	
	Mailing Address 3 Girard	Amou	10 int	25	2014	
ŀ	City State Zip Code				34.80	
	Fort Smith AR 72901	Transa	action of Disl	ID: 4bf0b464 bursement or	-dce1-4819-8 Obligation	
	Purpose of Expenditure Mileage  Category/ Type  002		10	25	2014	
ľ	Name of Federal Candidate Support Office	e Sough	nt:	House	District:00	
	Mr. Mark L Pryor Oppose	Presid	ent	Senate	State: AR	
	Calendar Year-To-Date Per Election for Office Sought  Disb 203387.65			Primary	/ X General	
(	a) SUBTOTAL of Itemized Independent Expenditures				104.80	
(	b) SUBTOTAL of Unitemized Independent Expenditures					
(	c) TOTAL Independent Expenditures			7		
٧	Inder penalty of perjury I certify that the independent expenditures reported herein were not m vith, or at the request or suggestion of, any candidate or authorized committee or agent of either arty committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Electronically Filed] Date	M /	26	20	14	
	Signature					

PAGE 25

OF

Schedule E)	LIDLINI LXI LIDI	TOTILO		PAGE 26 OF 143 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC					
Check if 24-hour report 48-hour	report New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y	
Full Name of Payee Edward N Walker			Date of Public	Distribution/Dissemination	
Mailing Address 3 Girard St			10 Amount	25 2014	
City Ft Smith	State AR	Zip Code 72901		65.00  D: 06efa832-ab46-4050-a rsement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	10	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Mr. Mark L Pryor		X Oppose		Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought	2	03387.65	Disbursement For: 2014 Other (specific	Primary	
Full Name of Payee Edward N Walker			Date of Public	Distribution/Dissemination	
Mailing Address 3 Girard St			10	25 2014	
			Amount		
City	State	Zip Code		33.60	
Ft Smith	AR	72901		: 283fda1c-2602-470e-b rsement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	10	25 / Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought:	House District:00	
Mr. Mark L Pryor		X Oppose		Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		203387.65	Disbursement For: 2014 Other (sp	Primary X General	
(a) SUBTOTAL of Itemized Independent	Expenditures		•	98.60	
(b) SUBTOTAL of Unitemized Independent	nt Expenditures				
(b) ccc in commercial maspende	nc Exponentareo IIIIIIIIIII		-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(c) TOTAL Independent Expenditures			<b>•</b>	4 1 10	
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party comm	any candidate or authorized				
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 26	2014	
3					

	icuaic Ly	FOR SE OF FORM 24/48				
	NAME OF COMMITTEE (In Full)  Moment Charles Out DAC					
۷V	omen Speak Out PAC	C C00530766				
Che	ck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y				
T	Full Name of Payee	Date of Public Distribution/Dissemination				
	Lorri Anderson	10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Mailing Address 7214 Duchamp Dr	Amount				
ŀ	City State Zip Code	65.00				
	Charlotte NC 23215	Transaction ID: a34024f2-530b-455a-a Date of Disbursement or Obligation				
	Purpose of Expenditure Salary  Category/ Type 001	10 25 / 2014				
ľ	Name of Federal Candidate Support Office	e Sought: House District:00				
	Ms. Kay Hagan Oppose	President State: NC				
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014					
ŀ	Full Name of Payee	Other (specify)				
	Lorri Anderson	Date of Public Distribution/Dissemination				
-	Mailing Address 7214 Duchamp Dr	10 25 2014 Amount				
ŀ	City State Zip Code	9.60				
	Charlotte NC 23215	Transaction ID: 690db645-8733-4069-9 Date of Disbursement or Obligation				
	Purpose of Expenditure Mileage  Category/ Type  002	10 25 2014				
ŀ	Name of Federal Candidate Support Office	e Sought: House District: 00				
	Ms. Kay Hagan Oppose	President State: NC				
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	orsement For: Primary				
(	a) SUBTOTAL of Itemized Independent Expenditures	74.60				
(	b) SUBTOTAL of Unitemized Independent Expenditures					
(	c) TOTAL Independent Expenditures					
W	Inder penalty of perjury I certify that the independent expenditures reported herein were not mainth, or at the request or suggestion of, any candidate or authorized committee or agent of eithe arty committee) any political party committee or its agent.					
	CDI 4 * 11 TO 11	0 26 2014				
	Signature					

PAGE 27

OF

oblicatio E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if $X$ 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Kendyl H Browder	10 25 2014
Mailing Address 4429 Lagan Circle Amo	ount
City State Zip Code	50.00
	nsaction ID : 0bc3ce6e-39ed-4c09-a e of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ight: House District: 00
Mc Koy Hogon	sident State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ent For: Primary ⊠ General  Other (specify) ▶
Full Name of Payee Date	te of Public Distribution/Dissemination
Linda J Fueling	10 25 2014
Mailing Address 6424 Purple Martin Ct Ame	ount
City State Zip Code	65.00
Wilmington NC 28411 Tran	nsaction ID: edccb384-ba6c-4587-b te of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 D D Z5 Z014
Name of Federal Candidate Support Office Sou	ught: House District:00
Ms. Kay Hagan Pres	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	115.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE 28

OF

				FOR SE OF F	ORM 24/48
	OF COMMITTEE (In Full)		FEC II	DENTIFICATIO	N NUMBER ▼
vvor	men Speak Out PAC		C	C00530766	
Check	if X 24-hour report 48-hour report New report Amends rep	port filed o	on M M /		Y = Y = Y = Y
	III Name of Payee		Date of Public	c Distribution/D	issemination
	inda J Fueling		10	25	2014
Ma	ailing Address 6424 Purple Martin Ct		Amount		
Cit	ty State Zip Code		L		18.60
	/ilmington NC 28411		Transaction I Date of Disbu	ID: 4924f469-3 ursement or Ob	1fb-4538-9 ligation
	rrpose of Expenditure lileage  Category/ Type 002	-	10	25	2014
Na	ame of Federal Candidate Support	Office	Sought:	House D	istrict: 00
М	s. Kay Hagan Oppose		President 2	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought	Disbur 2014	sement For: Other (sp	Primary	General
N	ailing Address 787 N 1851 Diagonal Rd		Date of Public 10	ic Distribution/D	issemination Y Y Y Y Y 2014
	20.1				05.00
Ci L	ecompton State Zip Code KS 66050	-		D : 84f00e76-34	
	carpose of Expenditure Salary  Category/ Type  001		10	ursement or Ob	2014
Na	ame of Federal Candidate Support	Office	Sought:	House D	istrict:00
М	Ir. Greg Orman Oppose		President 2	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought  183442.96	Disbur 2014	rsement For: Other (sp	Primary pecify) ▶	General
(a)	SUBTOTAL of Itemized Independent Expenditures	▶		7	43.60
(b)	SUBTOTAL of Unitemized Independent Expenditures	···· <b>•</b>			
(c)	TOTAL Independent Expenditures	···· <b>&gt;</b>			1 40
with	der penalty of perjury I certify that the independent expenditures reported herein were a, or at the request or suggestion of, any candidate or authorized committee or agent ty committee) any political party committee or its agent.				
_	Ms. Emily Buchanan  [Electronically Filed] Day	ite 10	0 26	/ Y Y 2014	
,	Signature				

PAGE

29

OF

	,	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Mry S Everly	10 25 2014
	Mailing Address 787 N 1851 Diagonal Rd	Amount
	City State Zip Code	1.83
	Lecompton KS 66050	Transaction ID: 9b901a99-dd4a-4dce-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 25 7 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary General  Other (specify)
	Full Name of Payee Meagan N Rogerson  Mailing Address 3657 S Rail Road St	Date of Public Distribution/Dissemination  10  25  Amount
	City State Zip Code	50.00
	,	Transaction ID : c1c821bf-9cf6-4b6e-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	10 25 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	51.83
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan  [Electronically Filed] Date  Signature	0 26 2014
	Jigilatule	

PAGE

30

OF

oblicatio E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if $X$ 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Meagan N Rogerson	10 25 2014
Mailing Address 3657 S Rail Road St	ount
City State Zip Code	21.00
	nsaction ID: 8842f758-83d5-42f6-a e of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ght: House District: 00
Mc Koy Hogon	ident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014 2014	
Full Name of Payee Date	Other (specify) ▶ee of Public Distribution/Dissemination
Brittany A Frederick	10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 18793 Hilltop Ln Amo	ount
City State Zip Code	80.00
Nevada TX 75173 <b>Tran</b>	saction ID: 525e9070-8a2f-4a9d-a e of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	10 / D D / Y Y Y Y Y Y 2014
Name of Federal Candidate Support Office Sou	ight: House District:00
Mr. Mark L Pryor Oppose Presi	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 203387.65	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	101.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (in party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE 31

OF

Schedule E)	INI EXI END	ITOTILO		PAGE 32 OF 143 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC					
Check if 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee Zachary Vidrine			Date of Public	Distribution/Dissemination	
Mailing Address 202 Rue Des Cajun			10 Amount	25 2014	
City Ville Platte	State LA	Zip Code 70586		30.00 D : 8e75ba60-3f96-4358-b rsement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbut	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought	;	210363.37	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶	
Full Name of Payee			Date of Public	Distribution/Dissemination	
Zachary Vidrine			10	25 2014	
Mailing Address 202 Rue Des Cajun			Amount		
City	State	Zip Code		14.70	
Ville Platte	LA	70586		: 47abd615-49de-4a8c-a rsement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	10	25 / Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought:	House District:00	
Ms. Mary L Landrieu		X Oppose		Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		210363.37	Disbursement For: 2014 Other (spe	Primary X General	
(a) SUBTOTAL of Itemized Independent Expendi	tures			44.70	
(b) SUBTOTAL of Unitemized Independent Expe	nditures				
,,			4	4	
(c) TOTAL Independent Expenditures			<b>•</b>	42	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized				
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 26	2014	
Signature					

Schedule E)	IN EXICIND	ITOTILO	<b>+</b>	PAGE 33 OF 143 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC C C00530766				
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Mary R Kirkland			10	25 / 2014
Mailing Address 504 Green Meadow Dr			Amount	
City	State	Zip Code		75.00
Boyd	TX	76023		D: 7531b04d-458d-46a8-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	203387.65	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Alice K Salazar			10	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 605 W Houston St			Amount	
City	State	Zip Code		80.00
Marshall	TX	75633		: 72fbe7f2-10c8-48ba-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	210363.37	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			155.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures			
(4, 552.55.12.55.55.12.55			7	7 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 26	2014

	- <b>,</b>		FOR SE OF	FORM 24/48
	OMMITTEE (In Full)	FEC	IDENTIFICATI	ON NUMBER ▼
vvomen	Speak Out PAC	С	C00530766	
Check if $\sum$	24-hour report 48-hour report New report Amends report filed on	M = M	/ D D /	Y Y Y Y Y
		of Pu	blic Distribution	/Dissemination
	K Salazar	M 10	25	2014
Mailing	Address 605 W Houston St Amo	ount		
City	State Zip Code			49.20
Marsha	TX 75633 <b>Tra</b> l		on ID: 6e3937f7 sbursement or 0	'-3afd-48c4-a
Purpose Mileage	of Expenditure  Category/ Type  002	10	25	2014
Name o	Federal Candidate Support Office Sou	ght:	House	District: 00
Ms. Ma	y L Landrieu		X Senate	State: LA
	endar Year-To-Date Election for Office Sought  Disbursem 210363.37		r: Primary (specify) ►	General
Full Nar			ıblic Distribution	/Dissemination
	Morris	M M M	/ 25	2014
Mailing	020 Old Balbollic Nd Lot Z	ount		
City	State Zip Code			60.00
West M	onroe LA 71291 <b>Tran</b>		n ID: 19814216 sbursement or	
Purpose Salary	of Expenditure  Category/ Type  001	10 <sup>M</sup>		2014
Name o	Federal Candidate Support Office Sou	ght:	House	District: 00
Ms. Ma	y L Landrieu Oppose Pres	ident	X Senate	State: LA
	endar Year-To-Date Election for Office Sought  Disbursem 210363.37		r: Primary	/ Kaneral
(a) SUB	OTAL of Itemized Independent Expenditures		7 7	109.20
(b) SUB	OTAL of Unitemized Independent Expenditures		7 7	
(c) TOTA	L Independent Expenditures		7 7	
with, or a	nalty of perjury I certify that the independent expenditures reported herein were not made in the request or suggestion of, any candidate or authorized committee or agent of either, or (mittee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed] Date 10	/ 26	6 / Y Y 20	Y Y Y 14
Signa				

PAGE

OF

NAME OF COMMITTEE (In Full) Women Speak Out PAC  Check if 24-hour report 48-hour report	emination 2014 3.87 0-4b5f-9
Check if 24-hour report 48-hour report New report Amends report filed on Man / Date of Public Distribution/Disservance Janet Morris  Mailing Address 620 Old Barbome Rd Lot 2	3.87 <b>0-4b5f-9</b>
Check if 24-hour report 48-hour report New report Amends report filed on  Full Name of Payee  Janet Morris  Mailing Address 620 Old Barbome Rd Lot 2	3.87 <b>0-4b5f-9</b>
Janet Morris  Mailing Address 620 Old Barbome Rd Lot 2	3.87 <b>0-4b5f-9</b>
Mailing Address 620 Old Barbome Rd Lot 2	3.87 <b>0-4b5f-9</b>
Mailing Address 620 Old Barbome Rd Lot 2  Amount	0-4b5f-9
	0-4b5f-9
City State Zip Code	0-4b5f-9
West Monroe LA 71291 Transaction ID : b67b7600-03e Date of Disbursement or Obliga	tion
Purpose of Expenditure	2014
Name of Federal Candidate Support Office Sought: House Distri	ct: 00
Ms. Mary L Landrieu	te: LA
040000 07	<b>G</b> eneral
Per Election for Office Sought 210363.37 Other (specify) ▶	
Full Name of Payee Anselma A Trinidad  Date of Public Distribution/Disse	emination
Mailing Address 7915 Curtina Ln  Amount	2014
City State Zip Code	80.00
Lewisville NC 27023 Transaction ID : 5477bf8e-e65f- Date of Disbursement or Obliga	4b0b-b
Purpose of Expenditure	2014
Name of Federal Candidate Support Office Sought: House Distr	ict:00
Ms. Kay Hagan	te: NC
Calendar Year-To-Date Per Election for Office Sought  1060524.09  Disbursement For: □ Primary 2014 □ Other (specify) ▶	K General
(a) SUBTOTAL of Itemized Independent Expenditures	83.87
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	-
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10 26 2014	Y
Signature	_

PAGE 35

OF

	medule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Gabriela P Sosa	10 25 2014
	Mailing Address 2530 Brook Stone Dr	Amount
	City State Zip Code	80.00
	Clemmons NC 27012	Transaction ID: 0a757f4b-431d-4945-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	
		Other (specify)
	Full Name of Payee  Gabriela P Sosa	Date of Public Distribution/Dissemination
	Mailing Address 2530 Brook Stone Dr	10 25 2014 Amount
	City State Zip Code	20.40
	Clemmons NC 27012	Transaction ID : ee2e9812-191a-462b-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 25 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbrace 2014	ursement For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	100.40
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		0 26 2014
	Signature	للنتا لنا ك

PAGE 36

OF

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	-	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New repor	t Amends report filed of	on
Full Name of Payee		Date of Public Distribution/Dissemination
Rhonda Moback		10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2704 E Glen Oaks Dr		Amount
City State Z	ip Code	50.00
Wichita KS 6	67216	Transaction ID : 17585f8c-8bcb-429f-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 25 / 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Mr. Greg Orman	Oppose	President State: KS
Calendar Year-To-Date Per Election for Office Sought	Disbur 2014	rsement For:
Full Name of Payee Rhonda Moback  Mailing Address 2704 E Glen Oaks Dr		Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Z	Zip Code	11.70
		Transaction ID : 929352e3-124b-4245-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 25 / 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Mr. Greg Orman	∑ Oppose □	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	183442.96 Disbur 2014	rsement For:
(a) SUBTOTAL of Itemized Independent Expenditures		61.70
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronics	ally Filed] Date 10	26 2014
Signature		

PAGE

37

OF

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	eck if $X$ 24-hour report 48-hour report $X$ New report $X$ Amends report filed		- M	/ D = D /	Y I Y I Y I Y
П	Full Name of Payee	Date of	of Pub	olic Distribution	Dissemination
	Heather C York-Pray	М	10 <sup>M</sup>	25	2014
	Mailing Address 6786 Candlewood Dr	Amour	nt		
ŀ	City State Zip Code				20.00
	Fayetteville NC 28314	Transa Date of	action	n ID: 54b09483 bursement or 0	3-f735-4b00-b
	Purpose of Expenditure Salary  Category/ Type 001		10 <sup>M</sup>	25	2014
ı	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms. Kay Hagan Oppose	Preside		Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement		Primary specify) ▶	General
	Full Name of Payee			olic Distribution	/Dissemination
	Heather C York-Pray	M	10 <sup>M</sup>	/ D D /	2014
	Mailing Address 6786 Candlewood Dr	Amou	nt		
ŀ	City State Zip Code	Г.			2.10
	Fayetteville NC 28314			ID: 3b4069b7 bursement or (	
	Purpose of Expenditure Mileage  Category/ Type  002	M	10 <sup>M</sup>	25	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Ms. Kay Hagan Oppose	Preside	ent	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014			Primary	General
(	(a) SUBTOTAL of Itemized Independent Expenditures		-		22.10
(	(b) SUBTOTAL of Unitemized Independent Expenditures			7	
(	(c) TOTAL Independent Expenditures			7	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	0 / I	26		4
	Signature		_		

PAGE

38

OF

		F	OR SE OF FORM 24/48
	E OF COMMITTEE (In Full)	FEC IDEN	NTIFICATION NUMBER ▼
VVC	omen Speak Out PAC	C co	0530766
Chec	k if X 24-hour report 48-hour report New report Amends report filed	on M M /	D = D / Y = Y = Y
	ull Name of Payee	Date of Public D	Distribution/Dissemination
	Thomas A Gawdun	10	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	failing Address 2207 SE 64th St	Amount	
	State Zip Code		60.00
	Topeka KS 66605		: f064dc3a-cce0-4231-8 ement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	10	25 / 2014
N	lame of Federal Candidate Support Office	Sought:	House District: 00
ı	Mr. Greg Orman Oppose		Senate State: KS
ı	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	other (spec	Primary
F	full Name of Payee		Distribution/Dissemination
	Thomas A Gawdun	M M / / 10	25 2014
N	Mailing Address 2207 SE 64th St	Amount	20 2014
	City State Zip Code		8.01
			56706f1e-3fca-4b55-9 ement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10	25 / 2014
N	lame of Federal Candidate Support Office	Sought:	House District: 00
	Mr. Greg Orman Oppose	President X	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Other (spec	Primary ⊠ General
(a)	SUBTOTAL of Itemized Independent Expenditures	7	68.01
(b	SUBTOTAL of Unitemized Independent Expenditures	7	7
(c)	TOTAL Independent Expenditures		7
wit	der penalty of perjury I certify that the independent expenditures reported herein were not math, or at the request or suggestion of, any candidate or authorized committee or agent of either try committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date 10	M / D D /	2014
	Signature		

PAGE

39

OF

Sch	nedule E)	L/(1 L.(12.	101120				PAGE 40 FOR SE OF		43 18
	ME OF COMMITTEE (In Full)					FEC ID	ENTIFICATIO		
W	omen Speak Out PAC						C00530766		
Che	ck if 24-hour report 48-hour report	New repo	ort Amenc	ds repor	t filed on	- M /	D   D /	Y Y Y Y	Y
T	Full Name of Payee Katie A Barros					- M /	Distribution/I	Y Y Y	
	Mailing Address PO Box 398				Amou	10 nt	25	2014	
	City S	State	Zip Code					75.	00
		MO	64850				<b>D</b> : <b>55a34457</b> irsement or O	-27e3-4fe6-	
	Purpose of Expenditure Salary		Category/ Type	001		10 /	25	2014	Y
	Name of Federal Candidate		Supp	port	Office Sough	t:	House [	District:	00
	Mr. Mark L Pryor		У Орр		Preside	_	Senate	State: A	
	Calendar Year-To-Date Per Election for Office Sought	2	203387.65	]	Disbursement 2014 Or	t For: ther (sp	Primary	X Ger	eral
	Full Name of Payee Katie A Barros					M /	c Distribution/	YYY	
	Mailing Address PO Box 398				Amou	10 nt	25	2014	
-	City S	State	Zip Code		— I L.			42.0	0
	Neosho	МО	64850				D: afed1f80-5 ursement or C		
	Purpose of Expenditure Mileage		Category/ Type	002		10 <sup>M</sup>	25	2014	Y
Ì	Name of Federal Candidate		Supp	port	Office Sough	t:	House	District:	00
	Mr. Mark L Pryor		X Opp	ose	Preside		Senate	State	IR
	Calendar Year-To-Date Per Election for Office Sought		203387.65	]	Disbursemen 2014 O		Primary pecify) ▶	X Ger	neral
(8	a) SUBTOTAL of Itemized Independent Expenditures				· [	- 7		117.00	
(k	b) SUBTOTAL of Unitemized Independent Expenditure	es			· [				
(0	c) TOTAL Independent Expenditures				· [				
W	Inder penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	or authorized							
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	10 /	26	2014		
	Signature								

			FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)	FEC	IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC	C	C00530766
Ched	ck if 24-hour report 48-hour report New report Amends report filed	on M M	/ D = D / Y = Y = Y
T	Full Name of Payee	Date of Pub	lic Distribution/Dissemination
	Rielly McMillion	10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Mailing Address 2501 Boone Trail	Amount	
(	City State Zip Code		37.50
	N Wilksboro NC 28659		n ID : f865acc0-9bbb-44c4-a oursement or Obligation
ı	Purpose of Expenditure Salary  Category/ Type 001	10	25 / 2014
Ī	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Kay Hagan Oppose	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Other (s	Primary ⊠ General
	Full Name of Payee  Lauren N Hamel  Mailing Address PO Box 398	Date of Pub	olic Distribution/Dissemination  / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	City State Zip Code		80.00
	Neosho MO 64850		ID: 8502668f-62e4-475c-b bursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	10	25 / 2014
	Name of Federal Candidate Support Office	Sought:	House District: 00
	Mr. Mark L Pryor Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement For: Other (	Primary ⊠ General
(a	a) SUBTOTAL of Itemized Independent Expenditures		117.50
(k	b) SUBTOTAL of Unitemized Independent Expenditures		7 7
(0	c) TOTAL Independent Expenditures		45
W	nder penalty of perjury I certify that the independent expenditures reported herein were not maith, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.		
	Ms. Emily Buchanan  [Electronically Filed] Date		2014
	Signature		

PAGE 41

OF

Sc	chedule E)	./// 1.112.	1101120				PAGE 42 OF 143 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	eck if 24-hour report 48-hour report	X New repo	ort Am	nends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
T	Full Name of Payee  Lauren N Hamel				Date	M - M	c Distribution/Dissemination
-	Mailing Address PO Box 398				Amo	10 unt	25 2014
ŀ	City Sta	ate	Zip Code				40.29
		МО	64850				ID: d9a9a326-7977-48bc-9 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		M 10	25 2014
ŀ	Name of Federal Candidate		<u> </u>	Support	Office Soug	ht:	House District: 00
	Mr. Mark L Pryor			Oppose	Presi		X Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	2	203387.65		Disburseme	nt For: Other (sp	Primary
	Full Name of Payee Cecilla A Rebrick				Date	of Publi	ic Distribution/Dissemination
	Mailing Address 5003 Allison Lane				Amo		20 2011
ŀ	City Sta	tate	Zip Code				65.00
	Ft. Smith	AR	72901				D: 0ed8e4c6-82f5-470e-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		10	25 2014
Ī	Name of Federal Candidate		;	Support	Office Souç	ght:	House District: 00
	Mr. Mark L Pryor			Oppose	Presi		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		203387.6	5	Disburseme 2014	ent For: Other (sp	Primary X General Decify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures				• <u></u>		105.29
(	(b) SUBTOTAL of Unitemized Independent Expenditures	<b>;</b>			· [	1 4	1 1 7 1 1 7 1
(	(c) TOTAL Independent Expenditures				•		
٧	Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	or authorized					
	Ms. Emily Buchanan	[Electron:	ically Filed]	Date	m m m	26	2014
	Signature						

Schedule E)	LIVI EXI END	HONES	<u> </u>	PAGE 43 OF 143 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼		
Women Speak Out PAC			Cc	00530766		
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Cecilla A Rebrick			10	25 / 2014		
Mailing Address 5003 Allison Lane			Amount			
City	State	Zip Code		1.50		
Ft. Smith	AR	72901		: <b>8016f818-0613-4cb7-b</b> sement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	10	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	.,,	203387.65	Disbursement For: 2014 Other (spe	Primary		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Irene R Hoyer			10	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 4310 N Mission Rd			Amount			
City	State	Zip Code		50.00		
Bel Aire	KS	67226		: aaa07268-892d-45bc-b sement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	10 /	25 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Greg Orman		Oppose	President X	Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought	, ,	183442.96	Disbursement For: 2014 Other (spe	Primary		
(a) SUBTOTAL of Itemized Independent Expendent	litures			51.50		
, ,				7		
(b) SUBTOTAL of Unitemized Independent Expe	enditures		<b>&gt;</b>	7		
(c) TOTAL Independent Expenditures			<b>•</b>	75.		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 26	2014		
•						

FEC IDENTIFICATION NUMBER   V   C   C00530766		neddic E)	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee	۷۷	romen Speak Out PAC	C C00530766
Mailing Address 4310 N Mission Rd	Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Mailing Address 4310 N Mission Rd  City State Zip Code KS 67226  Purpose of Expenditure Means of Pederal Candidate Per Election for Office Sought 183442.96  City State Zip Code Typo 002  Mr. Grag Orman Support Office Sought Senate State: KS Disbursement For: Primary General Per Election for Office Sought 183442.96  City State Zip Code Disbursement For: Primary General Per Election for Office Sought 183442.96  City State Zip Code State Size Size Size Size Size Size Size Siz	٦		Date of Public Distribution/Dissemination
City State Xp Code Bel Aire KS 67226  Furnose of Expenditure Mileage Category/ Name of Federal Candidate  Mark L Pryor  Name of Federal Candidate  Malling Address 3864 Tara St  Category/ Springdale  Amount  Amount  City State Zip Code AR 72762  Transaction 10: 28155f84-9789-46-24-9  Date of Disbursement or Obligation  To 25 2014	,		
Bel Aire KS 67226  Purpose of Expenditure Mileage  Name of Federal Candidate  Name of Federal Candidate  Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Purpose of Expenditure  Mailing Address 3654 Tara St  City State Zip Code springdale  Purpose of Expenditure  Salary  Name of Federal Candidate  Name of Federal Candidate  AR 72762  Purpose of Expenditure  Salary  Name of Federal Candidate  Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Purpose of Expenditure  Category/ 1001  Name of Federal Candidate  Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  AR 72762  Disbursement For: Primary Candidate  Transaction ID : 28165/68-9769-4ca4-9  Date of Public Distribution/Dissemination  Amount  Amount  City State Zip Code Salary  Category/ 1001  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Londer penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Mr. Emity Buchaman  [Electronically Filed]  Date 10 25 2014		Mailing Address 4310 N Mission Rd	Amount
Bel Aire KS 67226  Purpose of Expenditure Mileage  Name of Federal Candidate  Name of Federal Candidate  Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Purpose of Expenditure  Mailing Address 3654 Tara St  City State Zip Code springdale  Purpose of Expenditure  Salary  Name of Federal Candidate  Name of Federal Candidate  AR 72762  Purpose of Expenditure  Salary  Name of Federal Candidate  Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Purpose of Expenditure  Category/ 1001  Name of Federal Candidate  Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  AR 72762  Disbursement For: Primary Candidate  Transaction ID : 28165/68-9769-4ca4-9  Date of Public Distribution/Dissemination  Amount  Amount  City State Zip Code Salary  Category/ 1001  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Londer penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Mr. Emity Buchaman  [Electronically Filed]  Date 10 25 2014	-	City State Zip Code	6.99
Purpose of Expenditure Mileage  Name of Federal Candidate  Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Malling Address 3654 Tara St  City Springdale  AR 72762  Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Greg Orman  Date of Public Distribution/Dissemination  To dither (specify)  Date of Public Distribution/Dissemination  To dither (specify)  Date of Public Distribution/Dissemination  To dither (specify)  Type  On Transaction ID: 9c330e0c-7a4a-414e-3 Date of Disbursement or Obligation  Transaction ID: 9c30e0c-7a4a-414e-3 Dat			Transaction ID : 28165f84-9769-4ca4-9
Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Mattie Harris  Mailing Address 3654 Tara St  City State Zip Code springdale  AR 72762  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Name of Pederal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: 9e230e0e-7a4a-414e-a Date of Disbursement or Obligation  Transaction ID: 9e230e0e-7a4a-414e-a Date of Disbursement For: Disbursement or Obligation  Transaction ID: 9e230e0e-7a4a-414e-a Date of Disbursement For: Disbursement For: Disbursement For: Disbursement For: Primary General  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: 9e230e0e-7a4a-414e-a Date of Disbursement For: Disbursement For: Disbursement For: Primary General  Colher (specify) ▶  Transaction ID: 9e230e0e-7a4a-414e-a Date of Disbursement For: Disburse		Mileage Category/ 002	M M / D D / Y Y Y Y
Mr. Greg Orman    Calendar Year-To-Date   President   Senate   State   KS	-	Name of Federal Candidate Support Office	Sought: House District: 00
Per Election for Office Sought  Full Name of Payee Mattie Harris  Mailing Address 3654 Tara St  City State Zip Code springdale AR 72762  Purpose of Expenditure Salary  Category/ Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Category  Calendar Year-To-Date Per Election for Office Sought  Category  Compose  President  Category  Category  Compose  President  Category  Category  Compose  Category  Category  Compose  Category  Compose  President  Category  Compose  Category  Cate		W 0 0	
Full Name of Payee Mattie Harris  Mailing Address 3654 Tara St  City State Zip Code springdale AR 72762  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  In the formulation of Public Distribution/Dissemination  10 25 2014  Amount  Category/ Onther (specify)  Category/ Office Sought:  House District: Onunction  10 25 2014  Transaction ID: 9c230e0c-7a4a-414e-a Date of Disbursement or Obligation  10 25 2014  Transaction ID: 9c230e0c-7a4a-414e-a Date of Disbursement or Obligation  10 25 2014  Transaction ID: 9c30e0c-7a4a-414e-a Date of Disbursement or Obligation  10 25 2014  Transaction ID: 9c30e0c-7a4a-414e-a Date of Disbursement or Obligation  10 25 2014  Transaction ID: 9c30e0c-7a4a-414e-a Date of Disbursement or Obligation  10 25 2014  Transaction ID: 9c30e0c-7a4a-414e-a Date of Disbursement or Obligation  10 25 2014  Transaction ID: 9c30e0c-7a4a-414e-a Date of Disbursement or Obligation  10 25 2014  Transaction ID: 9c30e0c-7a4a-414e-a Date of Disbursement or Obligation  10 25 2014  Transaction ID: 9c30e0c-7a4a-414e-a Date of Disbursement or Obligation  10 25 2014  Transaction ID: 9c30e0c-7a4a-414e-a Date of Disbursement or Obligation  10 25 2014  Transaction ID: 9c30e0c-7a4a-414e-a Date of Disbursement or Disbursement or Obligation  10 0 10 0 10 0 10 0 10 0 10 0 10 0 10		Calcificati Teat To Bate	
Mattie Harris  Mailing Address 3654 Tara St  City State Zip Code springdale AR 72762  Purpose of Expenditure Salary  Name of Federal Candidate Support Mr. Mark L Pryor  Calegory/ Oppose President Senate State: AR  Calendar Year-To-Date Per Election for Office Sought 2014  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  [Electronically Filed]  Date 10 / 25 / 2014  Amount  Amount  Transaction D: 9c230e0c-7a4a-414e-a Date of Disbursement or Obligation  Transaction D: 9c30e0c-7a4a-414e-a Date of Disbursement or Obligation  Transaction D: 9c230e0c-7a4a-414e-a Date of Disbursement or Obligation  Transaction D: 9c30e0c-7a4a-414e-a Date of Disbursement or Obligation  Transaction D: 9c230e0c-7a4a-414e-a Date of Disbursement or Obligation  Transaction D: 9c30e0c-7a4a-414e-a Date of Disbursement or Obligation  Transaction D: 9c230e0c-7a4a-414e-a Date of Disbursement or Obligation  Transaction D: 9c30e0c-7a4a-414e-a Date of Disbursement or Obligation  Transaction D: 9c230e0c-7a4a-414e-a Date of Disbursement or Obligation  Transaction D: 9c30e0ca  Trans	ŀ		
Mailing Address 3654 Tara St  City State Zip Code springdale AR 72762  Purpose of Expenditure Salary  Name of Federal Candidate Support Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought 20387.65  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Amount  Transaction ID : 9c230e0c-7ada-414e-a Date of Date of Dispursement or Obligation  To Date of Dispursement or Obligation  Transaction ID : 9c230e0c-7ada-414e-a Date of Dispursement or Obligation  To Date of Dispursement or Obligation  To Date of Dispursement or Obligation  Transaction ID : 9c230e0c-7ada-414e-a Date of Dispursement or Obligation  To Date of Dispursement For:  Dispursement For:  President Measurement And Amount  To Date of Dispursement For:  Dispursement For:  President Measurement And Amount  To			M = M / D = D / Y = Y = Y
springdale  AR 72762  Transaction ID: 9c230e0c-7a4a-414e-a Date of Disbursement or Obligation  Purpose of Expenditure  Salary  Category/ Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Category/ Type  Office Sought: House District: O0 President X Senate State: AR  Disbursement For: Primary General  Other (specify)  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date  Transaction ID: 9c230e0c-7a4a-414e-a Date of Disbursement or Obligation  Total House District: O0  AR  Total House District: O1  Total House District: O2  Transaction ID: 9c230e0c-7a4a-414e-a Date of Disbursement or Obligation  Total House District: O2  Total House District: O4  Total House District: O5  Total House District: O6  Total House District: O6  Total House District: O7  Total House District: O8  Total House District: O9  Total House District: O1  Total House District:		Mailing Address 3654 Tara St	
Purpose of Expenditure Salary    Category/ Type   O01   10		City State Zip Code	65.00
Purpose of Expenditure Salary    Category/ Type   001   10			
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures		Salany Odlegory/ 001	M M / D D / Y Y Y Y
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	-	Name of Federal Candidate Support Office	e Sought: House District: 00
(a) SUBTOTAL of Itemized Independent Expenditures			
(c) TOTAL Independent Expenditures		2014	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  10  26  2014	(	a) SUBTOTAL of Itemized Independent Expenditures	71.99
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  **Ms. Emily Buchanan**  [Electronically Filed]  Date    The property of the prope	(	(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date	(	(c) TOTAL Independent Expenditures	
[Electronically Filed] Date 10 26 2014	٧	with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe	
Factor 10 and 10		[F14	
		Build	

PAGE 44

OF

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Mattie Harris	10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 3654 Tara St	Amount
ŀ	City State Zip Code	50.40
	springdale AR 72762	Transaction ID: 5f0a9d04-c8a8-4e9d-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  O02	10 25 2014
ı	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 201387.65	ursement For: Primary
ĺ	Full Name of Payee Zachary Williams	Date of Public Distribution/Dissemination
	Mailing Address 9419 NE Hwy 69	10 25 2014 Amount
ı	City State Zip Code	30.00
	Pittsburg KS 66762	Transaction ID : 0140028e-694d-427d-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
١	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbrace 2014	ursement For:
(	(a) SUBTOTAL of Itemized Independent Expenditures	80.40
(	(b) SUBTOTAL of Unitemized Independent Expenditures	
(	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not movith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	24.0	0 26 2014
	Signature	

PAGE

45

OF

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 4	8-hour report New repo	ort Amends report	filed on	/ D D / Y Y Y Y
Full Name of Payee	_		Date of Po	ublic Distribution/Dissemination
Laura U Logie			10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2565 Shire Circl	e		Amount	
City	State	Zip Code		50.00
Harrisonburg	VA	22801	Transaction  Date of Di	on ID: 63729d08-ff7d-4329-b isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M M	
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Soug	ht 1		Disbursement Fo 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee Molly K Williams  Mailing Address 9419 NE Hwy	69		Date of P	ublic Distribution/Dissemination
City	State	Zip Code		30.00
Pittsburg	KS	66762		n ID : d211691d-7960-4536-8 isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 <sup>M</sup>	
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Soug	ht		Disbursement Fo 2014 Other	r: Primary X General (specify) •
(a) SUBTOTAL of Itemized Indep	endent Expenditures		·	80.00
(b) SUBTOTAL of Unitemized Ind	ependent Expenditures		<b>•</b>	7.1.7.1.5.1
(c) TOTAL Independent Expenditu	ıres		·	7 7 7
Under penalty of perjury I certify with, or at the request or suggesti party committee) any political part	on of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 / 2	26 2014
Signature				

PAGE 46

OF

				FOR SE OF	FORM 24/48
	IE OF COMMITTEE (In Full)		FEC	IDENTIFICATI	ON NUMBER ▼
VVC	omen Speak Out PAC		С	C00530766	
Chec	ck if X 24-hour report 48-hour report New report Amends report filed		- M	/ D = D /	Y Y Y Y Y
	Full Name of Payee	Date o	of Pub	lic Distribution	/Dissemination
	Molly K Williams		10 <sup>M</sup>	25	2014
1	Mailing Address 9419 NE Hwy 69	Amour	nt		
	City State Zip Code	Г.			12.84
- 1	Pittsburg KS 66762			n ID: 0cb79ea oursement or 0	7-aaf1-41b1-9
	Purpose of Expenditure Mileage Category/ Type 002		10 <sup>M</sup>	25	2014
Ī	Name of Federal Candidate Support Office	Sought	t:	House	District: 00
	Mr. Greg Orman	Preside		Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbur 2014	rsement		Primary specify) ▶	General
H	Full Name of Payee				/Dissemination
	Lee R Carter	M	10 M	/ DISTRIBUTION / 25	2014
	Mailing Address 3110 Brentwood Rd	Amou		20	2014
-	City State Zip Code	Г.			80.00
				ID: 23258f36- bursement or 0	f1de-4d7a-8
	Purpose of Expenditure Salary  Category/ Type 001	M	10 <sup>M</sup>	25	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Ms. Kay Hagan Oppose	Preside	ent	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsemen		Primary	/ X General
(a	s) SUBTOTAL of Itemized Independent Expenditures			7	92.84
(b	s) SUBTOTAL of Unitemized Independent Expenditures				
(с	e) TOTAL Independent Expenditures	Ľ.		7	
Wi	nder penalty of perjury I certify that the independent expenditures reported herein were not marth, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 10	M /	26		4
	Signature				

PAGE 47

OF

Schedule E)	LNDENT EXICIO	TOTILO	<u> </u>	PAGE 48 OF 143 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report 48-hour r	eport New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public I	Distribution/Dissemination
Amy J McMillion			10	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1325 S Collegiate Dr Apt	:202G		Amount	
City	State	Zip Code		50.00
Wilkesboro	NC	28697		: 10c56119-85af-44e9-9 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	10	60524.09	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Lee R Carter			10	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3110 Brentwood Rd			Amount	
City	State	Zip Code		12.90
Raleigh	NC	27604		f7523207-da51-4ca6-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 /	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1060524.09	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent E	Expenditures			62.90
(b) SUBTOTAL of Unitemized Independen	t Evnandituras			
(b) SOBTOTAL OF Officernized independent	Lice Libertalitates			7 4
(c) TOTAL Independent Expenditures			<b>•</b>	9 9
Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	ny candidate or authorized			
Ms. Emily Buchanan Signature	[Electroni	ically Filed] Date	10 / 26	2014
<del>-</del>				

ooneddie Ej	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Amy J McMillion	10 25 2014
Mailing Address 1325 S Collegiate Dr Apt 202G  Am	nount
City State Zip Code	4.80
Wilkesboro NC 28697 Tra	nnsaction ID : f57c7517-4992-4f1b-a te of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mc Kay Hagan	sident State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	nent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Date Staci J Ingram	te of Public Distribution/Dissemination
	10 25 2014
Mailing Address 2 Crest Knolls Dr Apt 16B	nount
City State Zip Code	70.30
Taylorsville NC 28681 Tran	nsaction ID: 3573263a-4281-4066-9 te of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 25 / 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Kay Hagan Pres	
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	75.10
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	/ D D / Y Y Y Y Y Y Z Y Z 26 2014
Signature	

PAGE 49

OF

Schedule E)	IN EXIEND	TTOTILO	<u> </u>	PAGE 50 OF 143 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼		
Women Speak Out PAC			Cc	00530766		
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Staci J Ingram			10	25 / 2014		
Mailing Address 2 Crest Knolls Dr Apt 16B			Amount			
City	State	Zip Code		11.60		
Taylorsville	NC	28681		: a5ed8f4f-602f-4e0e-9 sement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	10	25 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		X Oppose	President X	Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought	1	060524.09	Disbursement For: 2014 Other (spec	Primary		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Suzanna M Bradley			10	25 / 2014		
Mailing Address 1002 W Spring St			Amount			
City	State	Zip Code		75.00		
Collinsville	OK	74021		e e041208f-b79c-4c49-9 sement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	10	25 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Mark L Pryor		Oppose	President X	Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	, , ,	203387.65	Disbursement For: 2014 Other (spe	Primary		
(a) SUBTOTAL of Itemized Independent Expendit	ures			86.60		
			7	7		
(b) SUBTOTAL of Unitemized Independent Exper	nditures		<b>&gt;</b>	4		
(c) TOTAL Independent Expenditures			<b>•</b>			
with, or at the request or suggestion of, any cand	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 26	2014		

	,		FOR SE OF I	FORM 24/48
	COMMITTEE (In Full)	FEC ID	ENTIFICATIO	N NUMBER ▼
vvome	n Speak Out PAC	C	C00530766	
Check if [	24-hour report 48-hour report New report Amends report filed on	M = M /	D   D /	Y = Y = Y = Y
		of Public	Distribution/D	issemination
Suz	anna M Bradley	M M /	25	2014
Mailing	Address 1002 W Spring St Amo	unt		
City	State Zip Code			36.00
Collin			<b>D: 049112b9-</b> rsement or Ob	
Purpos Milea	e of Expenditure	10	25	2014
Name	of Federal Candidate Support Office Soug	jht:	House D	istrict: 00
Mr. M	ark L Pryor Oppose President	dent 🔀	Senate	State: AR
	allendar Year-To-Date er Election for Office Sought  Disburseme 203387.65  Disburseme	ent For:	Primary ecify) ▶	X General
Cha	ame of Payee Payee Date		Distribution/E	Dissemination 2014
Iviaiiii	Address 13827 S E 44th St Amo	ount		
City	State Zip Code			65.00
Choc			: 143a4db1-2 rsement or Ol	
Purpo: Salar	se of Expenditure  Category/ Type  001	10 /	25	2014
Name	of Federal Candidate Support Office Sou	ght:	House D	District: 00
Mr. M	ark L Pryor Oppose Presi	dent 🔀	Senate	State: AR
	alendar Year-To-Date er Election for Office Sought  Disburseme 2014	ent For: Other (spe	Primary ecify) ▶	X General
(a) SUI	BTOTAL of Itemized Independent Expenditures		1 1 7	101.00
(b) SUI	BTOTAL of Unitemized Independent Expenditures	1 4		
(c) TO	AL Independent Expenditures			
with, or	enalty of perjury I certify that the independent expenditures reported herein were not made in at the request or suggestion of, any candidate or authorized committee or agent of either, or (immittee) any political party committee or its agent.			
Oter	Ms. Emily Buchanan [Electronically Filed] Date 10	26	2014	
Sign	diule			

PAGE 51

OF

Scł	hedule E)	<b>L</b> /(1 <b>L</b> /(2)			PAGE 52 OF 143 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	ock if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
T	Full Name of Payee Lindsey N Rose	,		М	of Public Distribution/Dissemination
	Mailing Address 615 Live Oak Dr			Amour	10 25 2014 nt
-	City	State	Zip Code		80.00
	searcy	AR	72143		action ID : 1f8ab00d-f7e9-4f74-b of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 25 / 2014
	Name of Federal Candidate		Support	Office Sought	t: House District: 00
	Mr. Mark L Pryor		X Oppose	Preside	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	2	203387.65	Disbursement 2014 Ot	t For: Primary X General
	Full Name of Payee Zachary R McCleese				of Public Distribution/Dissemination
	Mailing Address 323 Rolling Pines Dr			Amou	nt
ľ	City	State	Zip Code		80.00
	Spring Lake	NC	28390	Transa Date of	ction ID : f1272a34-289b-4dc9-9 of Disbursement or Obligation
Ì	Purpose of Expenditure Salary		Category/ Type 001		10 25 / Y Y Y Y Y
	Name of Federal Candidate		Support	Office Sough	t: House District:00
	Mr. Mark L Pryor		X Oppose	Preside	-
	Calendar Year-To-Date Per Election for Office Sought		203387.65	Disbursement 2014 Of	t For:
(8	a) SUBTOTAL of Itemized Independent Expenditures	5			160.00
(I	b) SUBTOTAL of Unitemized Independent Expenditu	ıres			
(0	c) TOTAL Independent Expenditures			· ·	
W	Under penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate varty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 10	26 2014
	Signature				

Schedule E)	11 =/ =	1101.20		PAGE 53 OF 143 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Zachary R McCleese			M = M	olic Distribution/Dissemination
Mailing Address 323 Rolling Pines Dr			Amount	25 2014
City	State	Zip Code		82.80
Spring Lake	NC	28390		n ID : dff59d49-80c0-4705-9 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	203387.65	Disbursement For: 2014 Other (	Primary X General Specify) ▶
Full Name of Payee  Julia Perry			Date of Puk	olic Distribution/Dissemination
Mailing Address 2046 Perrin St Apt C			10 Amount	25 2014
	01-1-	7' 01-		90.00
City Shreveport	State LA	Zip Code 71101	Transaction Date of Dis	80.00 ID : 2bfbd229-2638-40ef-8 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	210363.37	Disbursement For: 2014 Other (	Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			162.80
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· •	F 1 4 1 4 1
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	10 26	
Signature				

	<i>-</i> /		FOR SE OF	FORM 24/48
	OMMITTEE (In Full)	FEC	IDENTIFICATI	ON NUMBER ▼
vvomen	Speak Out PAC	C	C00530766	
Check if 🔀	24-hour report 48-hour report New report Amends report filed on	M M	/ D = D /	Y T Y T Y
		of Pub	olic Distribution	/Dissemination
	ey E Helms	M M M	/ D D /	2014
Mailing A	Address 301 N Clinic Apt 3	unt		
City	State Zip Code			80.00
Searcy			n ID : 3c1631f2 bursement or 0	
Purpose Salary	of Expenditure  Category/ Type 001	M 10	25	2014
Name of	Federal Candidate Support Office Sough	ıht:	House	District:00
Mr. Mar	K L Pryor Oppose Presi		X Senate	State: AR
	endar Year-To-Date Election for Office Sought  Disburseme 2014		Primary	General
	ey E Helms	of Pub	blic Distribution	/Dissemination
	Amo	unt		
City	State Zip Code		0 1 1 0	63.30
Searcy	Date		ID: 80d82177 sbursement or	
Purpose Mileage	of Expenditure  Category/ Type  002	10 10	25	2014
Name o	f Federal Candidate Support Office Sou	ght:	House	District:00
Mr. Mar	k L Pryor Oppose Presi	dent	X Senate	State: AR
	endar Year-To-Date Election for Office Sought  Disburseme 2014		: Primary	/ X General
(a) SUB	TOTAL of Itemized Independent Expenditures		77-	143.30
(b) SUB	OTAL of Unitemized Independent Expenditures		7	
(c) TOTA	L Independent Expenditures		7	
with, or a	nalty of perjury I certify that the independent expenditures reported herein were not made in the request or suggestion of, any candidate or authorized committee or agent of either, or (imittee) any political party committee or its agent.			
Cianat	Ms. Emily Buchanan  [Electronically Filed] Date 10	26	5 / Y Y Y 20°	
Signat	uie			

PAGE

OF

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Colton R Overcash	10 25 2014
	Mailing Address 121 Ohara Dr	Amount
	City State Zip Code	70.00
	Salisbury NC 28147	Transaction ID : aadee44f-77a5-4c41-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	
		Other (specify) -
	Full Name of Payee Colton R Overcash	Date of Public Distribution/Dissemination
	Mailing Address 121 Ohara Dr	10 25 2014 Amount
	City State Zip Code	120.60
	Salisbury NC 28147	Transaction ID : a153cf5d-03ea-43f0-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 25 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	190.60
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		0 26 2014
	Signature	
_		

PAGE 55

OF

			FO	R SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)	FE	C IDEN	TIFICATIO	N NUMBER ▼
V۷	omen Speak Out PAC	C	C00	530766	
Che	eck if $X$ 24-hour report 48-hour report $X$ New report $X$ Amends report filed	on M	/ D	D /	Y Y Y
	Full Name of Payee	Date of I	Public Dis	stribution/[	Dissemination
	Sheri J Peace	M 10		25	2014
	Mailing Address 9685 Paula St	Amount			
ŀ	City State Zip Code	L			80.00
	Keithville LA 71047			61810800- nent or O	<b>-0e3e-4939-9</b> bligation
	Purpose of Expenditure Salary  Category/ Type  001	M 10	M / D	25	2014
ı	Name of Federal Candidate Support Office	Sought:	Г	louse [	District:00
	Ms Mary Llandrieu	President	Xs	enate	State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbur 210363.37  Disbur 2014	sement F	or:	Primary  /) ▶	X General
	Full Name of Payee  Jessica R Resendiz	M	M / E	D D /	Dissemination
	Mailing Address 9685 Paula St	Amount		25	2014
ŀ	City State Zip Code				80.00
	Keithville LA 71047			5e39818-7	7bb9-44b0-b
	Purpose of Expenditure Salary  Category/ Type  001	M 10	M / E	25	2014
ľ	Name of Federal Candidate Support Office	Sought:	F	louse I	District: 00
	Ms. Mary L Landrieu Oppose	President	X	Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement F	or:	Primary y) ▶	General
(	(a) SUBTOTAL of Itemized Independent Expenditures		7	-7-	160.00
(	(b) SUBTOTAL of Unitemized Independent Expenditures		7	-	
(	(c) TOTAL Independent Expenditures		-7-	7	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may vith, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.				
	Ms. Emily Buchanan  [Electronically Filed] Date	M / D	26	2014	
	Signature				

PAGE

56

OF

Per Election for Office Sought  Full Name of Payee Emma K Johnson  Mailing Address 8 Bradbury Dr  City State Zip Code Little Rock AR 72212  Purpose of Expenditure Salary  Category/ Type  Other (specify)  Date of Public Distribution/Dissemination  M M M / 25 / 2014  Amount  Transaction ID: 1e1f347b-27c0-4782-a Date of Disbursement or Obligation  M M M M M M M M M M M M M M M M M M M		Tieddie E/	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee  Full Name of Payee  Erma K Johnson  Mailing Address 8 Bradbury Dr  City State Zip Code  Gelection for Office Sought  Full Roace of Public Distribution/Dissemination  Tansaction D . df87758-365-8441 - 2  28.50  Tansaction D	VV	omen Speak Out PAC	C C00530766
Mailing Address 9685 Paule St  City State Zip Code Kethville LA 71047  Purpose of Expenditure Mileage Category/ Name of Federal Candidate Ms. Mary L Landrieu Support Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  Emma K Johnson  Mailing Address 8 Bradbury Dr  City State Zip Code Little Rock AR 72212  Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Mark L Pryor  Category/ Vippe  Category/ Opose  Transaction ID: df87705e-3fc9-4d1a-a Date of Disbursement or Obligation  Transaction ID: df87705e-3fc9-4d1a-a Date of Disbursement or Obligation  President Senate State: LA  Date of Pobles Cought  Transaction ID: 101347b-27c04782-a Date of Pobles Distribution/Dissemination  Transaction ID: 101347b-27c04782-a Date of Pobles Distribution/Dissemination  Transaction ID: 101347b-27c04782-a Date of Disbursement or Obligation  Transaction ID: 101347b-27c04782-a Date of Dis	Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Mailing Address 9685 Paula St  City State Zip Code Keithville LA 71047  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate Support Office Sought Disbursement For: 25 years State: LA Category Address State: LA C	Т	Full Name of Payee	Date of Public Distribution/Dissemination
City State Zip Code Keithville LA 71047  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  Emma K Johnson  Mailing Address 8 Bradbury Dr  City State Zip Code  Amount  Amount  City State Zip Code  Transaction ID: df87795-3459-441 -a Date of Disbursement or Obligation  To 25 Z014  Other (specify)   Date of Public Distribution/Dissemination  Tansaction ID: 1e173775-3459-441 -a Date of Public Distribution/Dissemination  To 25 Z014  Amount  City State Zip Code  Little Rock AR 72212  Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Mark L Pryor  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Disbursement For:  Disbursement or Obligation  Transaction ID: 1e17347b-2706-4782-a Transaction ID: 1e			
Reithville    Category/   Dipperature   Category/   Dipperature   Category/   Dipperature   Disbursement or Obligation   Disbursement   D		Mailing Address 9685 Paula St	Amount
Reithville    Category/   Dipperature   Category/   Dipperature   Category/   Dipperature   Disbursement or Obligation   Disbursement   D	ŀ	City State Zin Code	28 50
Purpose of Expenditure Mileage  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Emma K Johnson  Mailing Address 8 Bradbury Dr  City State Zip Code Little Rock AR 72212  Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Date of Public Distribution/Dissemination  To 25 / 2014  Amount  Transaction ID : 1e1f347b-27c0-4782-a Date of Disbursement or Obligation  Transaction ID : 1e1f347b-27c0-4782-a Date of Disbursement or Obligation  Transaction ID : 1e1f347b-27c0-4782-a Date of Disbursement or Obligation  Transaction ID : 1e1f347b-27c0-4782-a Date of Disbursement or Obligation  Transaction ID : 1e1f347b-27c0-4782-a Date of Disbursement or Obligation  Transaction ID : 1e1f347b-27c0-4782-a Date of Disbursement or Obligation  Transaction ID : 1e1f347b-27c0-4782-a Date of Disbursement or Obligation  Transaction ID : 1e1f347b-27c0-4782-a Date of Disbursement or Obligation  Transaction ID : 1e1f347b-27c0-4782-a Date of Disbursement or Obligation  Transaction ID : 1e1f347b-27c0-4782-a Date of Disbursement or Obligation  Transaction ID : 1e1f347b-27c0-4782-a Date of Disbursement or Obligation  Transaction ID : 1e1f347b-27c0-4782-a Date of Disbursement or Obligation  Transaction ID : 1e1f347b-27c0-4782-a Date of Disbursement or Obligation  Transaction ID : 1e1f347b-27c0-4782-a Date of Disbursement or Obligation  Transaction ID : 1e1f347b-27c0-4782-a Date of Disbursement or Obligation  Transaction ID : 1e1f347b-27c0-4782-a Date of Disbursement or Obligation  Transaction ID : 1e1f347b-27c0-4782-a Date of Disbursement or Obligation  Transaction ID : 1e1f347b-27c0-4782-a Date of Disbursement or Obligation  Transaction ID : 1e1f347b-27c0-4782-a Date of D			Transaction ID : df87705e-3fc9-4d1a-a
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Per Election for Office Sought  Full Name of Payee Emma K Johnson  Mailing Address 8 Bradbury Dr  City State Zip Code Little Rock  AR 72212  Transaction ID: 1et/347b-27c0-4782-a Date of Disbursement or Obligation  Transaction ID: 1et/347b-27c0-4782-a Date of Disbursement For: □ Primary  General  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Quality Senate State: AR  Disbursement For: □ Primary  General  Other (specify) ▶  (a) SUBTOTAL of Unitemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  (c) TOTAL Independent Expenditures  Disbursement For: □ Primary  General  Other (specify) ▶  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		Mileage Category/ 002	M M / D D / Y Y Y Y
Ms. Mary L Landrieu    Calendar Year-To-Date   President   Senate   State: LA	ŀ	Name of Federal Candidate Support Office	e Sought: House District: 00
Per Election for Office Sought  Full Name of Payee Emma K Johnson  Mailing Address 8 Bradbury Dr  City State Zip Code Little Rock AR 72212  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Category/ Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date  Other (specify)   Date of Public Distribution/Dissemination  To Dispursement ID: 1e1f347b-27c0-4782-a  Transaction ID: 1e1f347b-27c0-4782-a  Tra		Ma Manual Landelou	
Full Name of Payee Emma K Johnson  Mailing Address 8 Bradbury Dr  City State Zip Code Little Rock AR 72212  Purpose of Expenditure Salary  Category/ Jupy Ont Type Ont Senate State: AR  Calendar Year-To-Date Per Election for Office Sought  Category/ Oppose  Disbursement For: Primary General Control of Chercian Control of Chercian Control of Chercian Control of Chercian Chercian Control of Chercian		040000 07	
Emma K Johnson  Mailing Address 8 Bradbury Dr  City State Zip Code Little Rock AR 72212  Purpose of Expenditure Salary Category/ O01  Name of Federal Candidate Mr. Mark L Pryor Soppose President Senate State: AR  Calendar Year-To-Date Per Election for Office Sought Senate State: AR  Calendar Year-To-Date Per Election for Office Sought Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  (c) TOTAL Independent Expenditures and the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  (Electronically Filed)  Date  10		rei Liection for Office Sought	
Mailing Address 8 Bradbury Dr  City State Zip Code Little Rock AR 72212  Purpose of Expenditure Salary Category/ Don 1			M = M / D = D / Y = Y = Y
Little Rock AR 72212  Transaction ID: 1e1f347b-27c0-4782-a Date of Disbursement or Obligation  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  [Electronically Filed]  Date  Transaction ID: 1e1f347b-27c0-4782-a Date of Disbursement or Obligation  Moderate of		Mailing Address 8 Bradbury Dr	
Little Rock  AR  72212  Transaction ID: 1e1f347b-27c0-4782-a Date of Disbursement or Obligation  M10	-	City State Zip Code	55.00
Purpose of Expenditure Salary    Category/ Type			
Mr. Mark L Pryor    Support   Calendar Year-To-Date   President   Senate   State:   AR	ľ	Salary Category/ 001	M - M / D - D / Y - Y - Y
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	ľ	Name of Federal Candidate Support Office	e Sought: House District: 00
Per Election for Office Sought  203387.65  2014  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures		Mr. Mark L Pryor Oppose	President State: AR
(b) SUBTOTAL of Unitemized Independent Expenditures		2014	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date  Date	(	(a) SUBTOTAL of Itemized Independent Expenditures	83.50
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  **Ms. Emily Buchanan**  [Electronically Filed]  Date  Date  Date	(	(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(	(c) TOTAL Independent Expenditures	
[Electronically Filed] Date 10 26 2014	٧	vith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe	
		[F1 - 4	
-		24.0	

PAGE 57

OF

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
V۷	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report 48-hour report New report Amends report filed		= M	/ D = D /	YIYIY
Т	Full Name of Payee	Date of	of Pub	olic Distribution/	Dissemination
	Emma K Johnson	M	10 <sup>M</sup>	25	2014
	Mailing Address 8 Bradbury Dr	Amou	nt		
ŀ	City State Zip Code				60.00
	Little Rock AR 72212			n ID : c62c107e bursement or C	e-220b-4257-8
	Purpose of Expenditure Mileage  Category/ Type 002		10 <sup>M</sup>	25	2014
Ì	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Mr Mark I Pryor	Preside		Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 203387.65  Disbut 2014	rsemen		Primary specify) ▶	General
	Full Name of Payee Heather Ainsworth		of Pub	olic Distribution	/Dissemination
	Mailing Address 9685 Paula St	Amou	10	25	2014
		_	<del>-</del>		
	City State Zip Code			,	80.00
	Keithville LA 71047  Purpose of Expenditure			ID: 939d4fbe- bursement or (	
	Salary Category/ Type 001	M	10 <sup>M</sup>	25	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
		_		X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 210363.37	rsemen		Primary	General
(	(a) SUBTOTAL of Itemized Independent Expenditures			F 1 1 25	140.00
(	(b) SUBTOTAL of Unitemized Independent Expenditures			, ,	
(	(c) TOTAL Independent Expenditures			77-	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	M /	26		4
	Signature		_		

PAGE

58

OF

Schedule E)	INT EXI END	ITOTILO		PAGE 59 OF 143 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Heather Ainsworth			M = M	c Distribution/Dissemination
Mailing Address 9685 Paula St			10 Amount	25 2014
City	State	Zip Code		26.40
Keithville	LA	71047		ID: b286cade-3d46-4978-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M M	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , , ,	210363.37	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Isabella H Akel			10	25 2014
Mailing Address 15 Redcoat Lane			Amount	25 2577
City	State	Zip Code		55.00
Little Rock	AR	72227		D: 19f826c5-436c-446b-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 10	25 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	203387.65	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			81.40
(b) SUBTOTAL of Unitemized Independent Expen	ditures			
			4	7 -
(c) TOTAL Independent Expenditures			<b>&gt;</b>	1171171
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 26	2014
•				

	medule L)			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATI	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	ack if $X$ 24-hour report 48-hour report New report Amends report filed	d on	= M	/ D = D /	Y Y Y Y
Т	Full Name of Payee	Date o	f Pub	lic Distribution	/Dissemination
	Isabella H Akel		10 <sup>M</sup>	25	2014
	Mailing Address 15 Redcoat Lane	Amour	nt		
ŀ	City State Zip Code				60.00
	Little Rock AR 72227			ID: 20c21a0° oursement or (	<b>1-d7de-40e8-8</b> Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	М	10 <sup>M</sup>	25	2014
ľ	Name of Federal Candidate Support Offic	e Sought	:	House	District: 00
	Mr. Mark L Pryor Oppose	Preside	nt	Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disb 203387.65			Primary	General
ŀ	Full Name of Payee			specify)	/Discoming time
	Isabella H Akel	M	of Pub	/ Distribution / 25	/Dissemination
	Mailing Address 15 Redcoat Lane	Amour	-	25	2014
ŀ	City State Zip Code				55.00
	Little Rock AR 72227	Transac Date o	ction of Disl	ID: 3c840449 bursement or	-72fa-4c96-8 Obligation
	Purpose of Expenditure Salary  Category/ Type  001	M	10 <sup>M</sup>	25	2014
ľ	Name of Federal Candidate Support Office	e Sought	t:	House	District:00
	Mr. Mark L Pryor Oppose	Preside	ent	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014			Primary	/ Kaneral
(	a) SUBTOTAL of Itemized Independent Expenditures		-7		115.00
(	b) SUBTOTAL of Unitemized Independent Expenditures			- 1 - <del>7</del> -	
(	c) TOTAL Independent Expenditures				
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not multiply ith, or at the request or suggestion of, any candidate or authorized committee or agent of either earty committee) any political party committee or its agent.				
	Ms. Emily Buchanan  [Electronically Filed] Date	M /	26	D / Y Y 201	Y Y   Y
	Signature				

PAGE 60

OF

		FOR SE OF FO	DRM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION	NUMBER ▼
۷۷	/omen Speak Out PAC	C C00530766	
Che	eck if 24-hour report 48-hour report New report Amends report filed		- Y - I - Y - I - Y
	Full Name of Payee	Date of Public Distribution/Dis	semination
	Isabella H Akel	10 / D D / Y	2014
	Mailing Address 15 Redcoat Lane	Amount	
ŀ	City State Zip Code		60.00
	Little Rock AR 72227	Transaction ID : bd47f6f7-2f9 Date of Disbursement or Oblig	
	Purpose of Expenditure Mileage  Category/ Type  002	10 / 25 / Y	2014 Y
ľ	Name of Federal Candidate Support Office	Sought: House Dis	trict: 00
	Mr. Mark L Pryor Oppose	President X Senate S	tate: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 203387.65  Disbut 2014	ement For: Primary  Other (specify) ▶	X General
	Full Name of Payee Felicia A Jones  Mailing Address 4106 Martha St	Date of Public Distribution/Dis	esemination 2014
	Mailing Address 4106 Martha St	Amount	
	City State Zip Code		80.00
		ransaction ID: 709c2e03-det Date of Disbursement or Obli	
	Purpose of Expenditure Salary  Category/ Type  001	10 / 25 / Y	2014
	Name of Federal Candidate Support Office	Sought: House Dis	trict: 00
	Ms. Mary L Landrieu Oppose	President X Senate S	tate: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	sement For: Primary  Other (specify) ▶	K General
(	(a) SUBTOTAL of Itemized Independent Expenditures	7 7	140.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 25 1 1 25 1	
(	(c) TOTAL Independent Expenditures	7 1 7	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not mawith, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.		
	Ms. Emily Buchanan  [Electronically Filed] Date	26 2014	Y
	Signature		

PAGE 61

OF

ooneduic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Felicia A Jones	10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4106 Martha St	nount
City State Zip Code	9.60
Shreveport LA 71109 Tra	ansaction ID : 4b6a8e0e-7c1a-4ac3-9 tte of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Soil	ught: House District: 00
Ms. Mary L Landrieu Pre	sident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursen 210363.37  Disbursen 2014	nent For:
Full Name of Payee Kristina M Jinkens	ate of Public Distribution/Dissemination
Mailing Address 2138 N 1000 Rd	10 25 2014
2 100 N 1000 Nd	nount
City State Zip Code	25.00
Da	nsaction ID: a8c32740-e240-4370-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 25 2014
Name of Federal Candidate Support Office So	ught: House District: 00
Mr. Greg Orman Pre	esident State: KS
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	34.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ D D / Y Y Y Y Y 2 Y 2 Y 2 Y 2 Y 2 Y 2 Y 2 Y
Signature	

PAGE 62

OF

Schedule E)	NI EXI END	ITOTILO		PAGE 63 OF 143 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼			
Women Speak Out PAC	C C00530766						
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y			
Full Name of Payee			Date of Pub	lic Distribution/Dissemination			
Molly E Oman			10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 607 N Hughes			Amount				
City	State	Zip Code		55.00			
Little Rock	AR	72205		ID: beceb44b-bc43-40eb-9 oursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	M 10	25 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Kay Hagan		X Oppose	President	Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought	, 10	060524.09	Disbursement For: 2014 Other (s	Primary			
Full Name of Payee			Date of Pub	lic Distribution/Dissemination			
Molly E Oman			10	25 / 2014			
Mailing Address 607 N Hughes			Amount				
City	State	Zip Code		60.00			
Little Rock	AR	72205		ID: a388c084-0fb2-4ee0-a bursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	M 10	25 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District:00			
Ms. Kay Hagan		X Oppose	President	Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought	7 7	1060524.09	Disbursement For: 2014 Other (s	Primary X General			
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			115.00			
(b) SUBTOTAL of Unitemized Independent Expen-	ditures						
(,, :: : : : : : : : : : : : : : : : : :				7 7			
(c) TOTAL Independent Expenditures			<b>&gt;</b>	292 292			
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 26	2014			

Schedul	e E)	VI EXI END			PAGE 64 OF 143 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC  C C00530766					
Check if	24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y B Y B Y B Y
Full Na	me of Payee jamin L Heitman				of Public Distribution/Dissemination
Mailing	Address 2520 Helmstetler Rd			Amou	10 25 2014 nt
City		State	Zip Code		62.20
Lexing	gton	NC	27295		action ID : aca198e4-a718-4bf2-9 of Disbursement or Obligation
Purpos Salary	e of Expenditure		Category/ Type 001		10 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Ka	ay Hagan		X Oppose	Preside	NC NC
	alendar Year-To-Date er Election for Office Sought	10	060524.09	Disbursement 2014 Or	t For: Primary X General ther (specify) ▶
Benj	ame of Payee amin L Heitman  J Address 2520 Helmstetler Rd				of Public Distribution/Dissemination
				Amou	nt
City Lexing	gton	State NC	Zip Code 27295		9.30 ction ID : 83ee640b-207b-41dc-9
Purpos Mileag	se of Expenditure ge		Category/ Type 002		of Disbursement or Obligation
Name	of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Ka	ay Hagan		Oppose	Preside	-
	alendar Year-To-Date er Election for Office Sought	7	1060524.09	Disbursemen 2014 O	t For:
(a) SUE	BTOTAL of Itemized Independent Expenditu	ıres		· [	71.50
(b) SUE	BTOTAL of Unitemized Independent Expendent	ditures		· ·	
(c) TOT	AL Independent Expenditures			· •	7 1 7 1 7
with, or	enalty of perjury I certify that the independ at the request or suggestion of, any candid mmittee) any political party committee or its	date or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 10	26 / 2014
Signa	ature				

FEC IDENTIFICATION NUMBER ▼   C   C00530766		icauic Ly			FOR SE OF	FORM 24/48
Check if			F	EC II	DENTIFICATION	ON NUMBER ▼
Full Name of Payee Molly E Oman  Mailing Address 607 N Hughes  Full Name of Faderal Candidate Mr. Mark L Pryor  Calendar Yaar-To-Date Per Election for Office Sought  City State Zip Code Transaction ID: 565d466c-1889-47ad-8 Date of Public Distribution/Dissemination  Transaction ID: 565d466c-1889-47ad-8 Date of Disbursement or Obligation  Transaction ID: 565d466c-1889-47ad-8 Date of Disbursement or Obligation  Transaction ID: 565d466c-1889-47ad-8 Date of Disbursement or Obligation  Transaction ID: 567d466c-1889-47ad-8 Date of Disbursement For: Primary General 2014 Other (specify) ▶  Date of Public Distribution/Dissemination  Mailing Address 607 N Hughes  Calegory/ Molly E Ornan  Mailing Address 607 N Hughes  Calegory/ Mileage  Calegory/ Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Amount  Transaction ID: 6/d737a6-4971-43a5-9 Date of Public Distribution/Dissemination  Transaction ID: 6/d737a6-4971-43a5-9 Date of Public Distribution/Dissemination  Transaction ID: 6/d737a6-4971-43a5-9 Date of Public Distribution/Dissemination  Transaction ID: 6/d737a6-4971-43a5-9 Date of Disbursement For: Primary General  Calegory/ Distribution Dissemination  Transaction ID: 6/d737a6-4971-43a5-9 Date of Disbursement For: Primary General  Calegory/ Distribution Dissemination  Transaction ID: 6/d737a6-4971-43a5-9 Date of Public Distribution Dissemination  Transaction ID: 6/d737a6-4971-43a5-	۷V	omen Speak Out PAC		С	C00530766	
Mailing Address 607 N Hughes  City State Zip Code Transaction ID : 6a5d466c-fa89-47ad-8 Date of Disbursement or Chilgation  Name of Federal Candidate Search Year-To-Date Purpose of Expenditure  Calendar Year-To-Date Purpose of Expenditure  Calendar Year-To-Date Purpose of Expenditure  Calendar Year-To-Date Purpose of Expenditure  Miling Address 607 N Hughes  Calendar Year-To-Date Purpose of Expenditure  Name of Federal Candidate  Name of Federal Candidate  Name of Payee  Molly E Code  Transaction ID : 6a5d466c-fa89-47ad-8 Date of Disbursement For: Primary Senate State: AR  President Senate State: AR  President Senate State: AR  President Senate State: AR  Amount  City State Zip Code  Little Rock AR 72205  Date of Public Distribution/Dissemination  To 25 2014  Amount  Calegory O02  Name of Federal Candidate  Mr. Mark L Pryor Soppose  Calendar Year-To-Date Per Election for Office Sought  Calegory O02  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  To 203387.65  Disbursement For: Primary Senate State: AR	Che	ck if 24-hour report 48-hour report New report Amends report filed		М	/ D D /	Y W Y W Y
Mailing Address 607 N Hughes  City State Zip Code Transaction ID: 6a54466c-fa89-47ad-8 Date of Disbursement or Obligation Transaction ID: 6a54466c-fa89-47ad-8 Date of Disbursement For: Disbur	Т	Full Name of Payee	Date of	Publi	ic Distribution	/Dissemination
City State Zip Code   Purpose of Expenditure   Support Salary   Category   Oot   10   25   2014     Name of Federal Candidate   Support Salary   Office Sought   House District:   Oo   President   Senate State:   AR   Oppose   Oot   Office Sought   Oot   Other (specify)   Oot   Office Sought   Oother (specify)   Oot   Oother (specify)	•					
Little Rock AR 72205    Purpose of Expenditure   Category/ Type   O01   10   25   2014     Name of Federal Candidate   Support   Senate   State   AR     Calendar Year-To-Date   Purpose of Expenditure   Category/ Type   O16   Other (specify)   President   Other (specify)     Full Name of Payee   Molity E Oman   Office Sought   Office Sought   Other (specify)   Other (spe	١	Mailing Address 607 N Hughes	Amount			
Little Rock AR 72205    Purpose of Expenditure   Category/ Type   O01   10   25   2014     Name of Federal Candidate   Support   Senate   State   AR     Calendar Year-To-Date   Purpose of Expenditure   Category/ Type   O16   Other (specify)   President   Other (specify)     Full Name of Payee   Molity E Oman   Office Sought   Office Sought   Other (specify)   Other (spe	ŀ	City State Zip Code				55.00
Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Purpose of Expenditure Mileage  Name of Federal Candidate  Malling Address 607 N Hughes  Category' Type  Calendar Year-To-Date Purpose of Expenditure Mileage  Category' Type  Category' Typ						c-fa89-47ad-8
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Molly E Oman  Mailing Address 607 N Hughes  City State  Category/ Mieage  Category/ Mieage  Category/ Mieage  Calendar Year-To-Date Purpose of Expenditure Mileage  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Category/ Type  Concept Separation  Office Sought:  House District:  AR  Amount  City State  Category/ Type  O02  Transaction ID : 0f4737a5-4971-43a5-9 Date of Disbursement or Obligation  Mileage  Category/ Type  O02  Office Sought: House District:  O0 President Search Sought Separation  Transaction ID : 0f4737a5-4971-43a5-9 Date of Disbursement or Obligation  Office Sought: House District:  O0 President Search State: AR  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury 1 certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  IElectronically Filed  Date		Salan/	М	M	/ D D /	YYYY
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Molly E Oman  Mailing Address 607 N Hughes  City State Zip Code Little Rock AR 72205  Purpose of Expenditure Mileage  Name of Federal Candidate Mir. Mark L Pryor  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  (Electronically Filed)  Date of Public Distribution/Dissemination  Disbursement For: Pirmary Amount  Tansaction ID: ofd737a5-4971-43a5-9 Date of Disbursement or Obligation  Tansaction ID: ofd737a5-4971-43a5-9 Date of Disbursement or Obligation  (Fig. 2014  Office Sought: House District: 00  President Senate State: AR  Disbursement For: Primary General  Ofther (specify)   (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan	ı	Name of Federal Candidate Support Office	Sought:		House	District: 00
Per Election for Office Sought    Public Distribution/Dissemination		Mr. Mark I. Drawn	_	t [	Senate	State: AR
Full Name of Payee Molly E Oman  Mailing Address 607 N Hughes  City State Zip Code Little Rock AR 72205  Purpose of Expenditure Mileage  Name of Federal Candidate  Name of Federal Candidate  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Date of Public Distribution/Dissemination  10 25 / 2014  Amount  Transaction ID : 6fd737a5-4971-43a5-9 Date of Disbursement or Obligation  Transaction ID : 6fd737a5-4971-43a5-9 Date of Disbursement or Obligation  Transaction ID : 6fd737a5-4971-43a5-9 Date of Disbursement or Obligation  Transaction ID : 6fd737a5-4971-43a5-9 Date of Disbursement or Obligation  Transaction ID : 6fd737a5-4971-43a5-9 Date of Disbursement or Obligation  Transaction ID : 6fd737a5-4971-43a5-9 Date of		Calcital Teal to Date				<b>X</b> General
Molly E Oman  Mailing Address 607 N Hughes  City State Zip Code Little Rock AR 72205  Purpose of Expenditure Mileage  Name of Federal Candidate Mr. Mark L Pryor  Calegory/ Oppose  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Amount  Amount  Amount  Amount  Category/  002  Transaction ID: 0fd737a5-4971-43a5-9  Date of Disbursement or Obligation  Transaction ID: 0fd737a5-4971-43a5-9  Date	ŀ					
Mailing Address 607 N Hughes  City State Zip Code Transaction ID: 0fd737a5-4971-43a5-9  Little Rock AR 72205  Purpose of Expenditure Mileage  Category/ Type 002  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date President  Calendar Year-To-Date State: AR  Disbursement For: Primary General Ofther (specify)   Cother (specify)   Cothe			M	М	/ D D /	Y = Y = Y
Little Rock  AR  72205  Transaction ID: 0fd737a5-4971-43a5-9 Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Category/ Type  O02  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Category/ Type  Office Sought:  House District: O0 President Senate State: AR  Disbursement For: Primary General  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date  10  26  2014	-	Mailing Address 607 N Hughes			25	2014
Little Rock  AR  72205  Transaction ID: 0fd737a5-4971-43a5-9 Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Category/ Type  O02  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Category/ Type  Office Sought:  House District: O0 President Senate State: AR  Disbursement For: Primary General  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date  10  26  2014	ŀ	City State Zip Code				60.00
Purpose of Expenditure Mileage    Name of Federal Candidate	١	-	Transact	ion I	D: 0fd737a5-	<b>4971-43a5-9</b>
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  203387.65  Disbursement For: 2014  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures		Mileage Category/ 002	M	M	/ D D /	YYYY
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary General 2014  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures	ŀ	Name of Federal Candidate Support Office	e Sought:		House	District: 00
Per Election for Office Sought  203387.65  2014  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures			_	t [		State: AR
(b) SUBTOTAL of Unitemized Independent Expenditures		2014	·			General
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(6	a) SUBTOTAL of Itemized Independent Expenditures		7	7	115.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(1	b) SUBTOTAL of Unitemized Independent Expenditures		-7		
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(0	c) TOTAL Independent Expenditures		-7-	7	
[Electronically Filed] Date 10 26 2014	W	ith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe				
<u> </u>		[F1 - 4 1] - F2 - 1]				
		Bato				

PAGE 65

OF

Schedule E)	IN EXIEND	TTOTILO	<u> </u>	AGE 66 OF 143 OR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDEN	NTIFICATION NUMBER ▼			
Women Speak Out PAC	C coossoree						
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D   D / Y   Y   Y   Y			
Full Name of Payee James Kindstedt			M - M /	Distribution/Dissemination			
Mailing Address 5510 Dogwood Dr			Amount	25 2014			
City	State	Zip Code		20.00			
Winston Salem	NC	27105		: 69f91771-317d-47ff-a ement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	10	25 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Kay Hagan		Oppose		Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought	10	060524.09	Disbursement For:  2014  Other (speci	Primary			
Full Name of Payee			Date of Public D	Distribution/Dissemination			
James Kindstedt			M M / / 10	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 5510 Dogwood Dr			Amount				
City	State	Zip Code		7.62			
Winston Salem	NC	27105		9ea09970-d0b8-470f-b ement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	10	25 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Kay Hagan		X Oppose	President X	Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought		1060524.09	Disbursement For: 2014 Other (spec	Primary X General			
(a) SUBTOTAL of Itemized Independent Expendi	tures			27.62			
(b) SUBTOTAL of Unitermized Independent Exper	nditures			1 1 1 1 1 1			
(-,				7			
(c) TOTAL Independent Expenditures			<b>)</b>				
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any cand party committee) any political party committee or	lidate or authorized						
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 26	2014			
Signature							

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo		A = M / D = D / Y = Y = Y
Full Name of Payee Chelsi M Cox			Date	of Public Distribution/Dissemination
				10 25 2014
Mailing Address 4254 Eagle Lake Ct			Amou	unt
City	State	Zip Code		10.00
Bel Aire	KS	67220		saction ID: 18d9b374-0136-4a5d-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 25 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Greg Orman		X Oppose	Presid	ent Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		183442.96	Disbursemer 2014	nt For: Primary ⊠ General  Other (specify) ▶
Full Name of Payee Claudia T Cox  Mailing Address 4254 Eagle Lake Ct			[	of Public Distribution/Dissemination
			Amou	unt
City	State	Zip Code		10.00
Bel Aire	KS	67220		action ID : 8bdd1158-77c0-46c3-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	] [	10 25 / 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Mr. Greg Orman		Oppose	Presid	lent Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		183442.96	Disbursement 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expendent	ditures		•	20.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· •	
(c) TOTAL Independent Expenditures			· · [	7 7 7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	10 /	26 2014
Signature				

PAGE 67

OF

Schedule E)	LIVI EXI END	ITOTILO		PAGE 68 OF 143 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼		
Women Speak Out PAC  C c00530766						
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y		
Full Name of Payee			Date of F	Public Distribution/Dissemination		
Claudia T Cox			M 10			
Mailing Address 4254 Eagle Lake Ct			Amount			
City	State	Zip Code	— II	5.70		
Bel Aire	KS	67220		ion ID : 0bfccc91-831e-499b-a Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	M 10			
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Greg Orman		X Oppose	President	Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought	7	183442.96	Disbursement F 2014 Othe	or: Primary X General r (specify) ▶		
Full Name of Payee			Date of	Public Distribution/Dissemination		
Joanna Kindstedt			10			
Mailing Address 2134 Tobaccoville Rd			Amount			
City	State	Zip Code		20.00		
Rural Hall	NC	27045		on ID : c2ec79d6-0838-42fb-a Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	M 10			
Name of Federal Candidate		Support	Office Sought:	House District:00		
Ms. Kay Hagan		Oppose	President			
Calendar Year-To-Date Per Election for Office Sought	7	1060524.09	Disbursement F 2014 Othe	or:		
(a) SUBTOTAL of Itemized Independent Expendent	itures			25.70		
				7 1 7 1 7 1		
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•	7 7 7		
(c) TOTAL Independent Expenditures			·	7 1 7 1 7		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	4.0	26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
-						

oblicatio E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	e of Public Distribution/Dissemination
Gary W Fuhrmann	10 25 2014
Mailing Address 9425 Jessica Drive Amo	punt
City State Zip Code	82.50
Shreveport LA 71106 Tran	nsaction ID: d916603c-db0f-40e1-b e of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	M 10
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Mary L Landrieu	- LA
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ent For: Primary ⊠ General  Other (specify) ▶
	e of Public Distribution/Dissemination  10 25 2014
	ount
City State Zip Code	20.40
Date	saction ID: 059d976f-3696-468c-9 e of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 25 / Y Y Y Y
Name of Federal Candidate Support Office Sou	ght: House District:00
Ms. Mary L Landrieu Presi	ident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursement 210363.37	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	102.90
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (in party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE 69

OF

Schedule E)	NI EXPEND	DITUNES	PAGE 70 OF 143 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766		
Check if 24-hour report 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Brian A Sherwood	,		Date of Public Distribution/Dissemination
Mailing Address 1003 W 5th St			10 25 2014 Amount
City	State KS	Zip Code	80.00
Coffeyville	NO	67337	Transaction ID: 9b126d6e-9a42-4a22-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 25 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		X Oppose	President X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		183442.96	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Brian A Sherwood			10 25 2014
Mailing Address 1003 W 5th St			Amount
City	State	Zip Code	16.50
Coffeyville	KS	67337	Transaction ID : 5f46c60f-2c61-4a9b-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 25 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		183442.96	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		96.50
			7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		·
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or in	date or authorize		
Ms. Emily Buchanan	[Electro	onically Filed] Date	10 26 / Y = Y = Y = Y
Signature			

Schedule E)	INT EXILIND	ITOTILO		PAGE 71 OF 143 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼			
Women Speak Out PAC	C C00530766						
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y = Y			
Full Name of Payee			Date of Pu	blic Distribution/Dissemination			
Patricia F Arnold			10	25 / 2014			
Mailing Address 1117 Clipper Dr			Amount				
City	State	Zip Code		15.00			
Slidell	LA	70458		on ID: c2cd15c8-3980-4968-a sbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	10	25 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District:00			
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	, , , ,	210363.37	Disbursement For 2014 Other	: Primary X General (specify) ▶			
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination			
Patricia F Arnold			10	25 2014			
Mailing Address 1117 Clipper Dr			Amount				
City	State	Zip Code		0.81			
Slidell	LA	70458		n ID : c3d490c9-bff1-4369-b sbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	10				
Name of Federal Candidate		Support	Office Sought:	House District:00			
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	7 7	210363.37	Disbursement For 2014 Other	r: Primary X General (specify) ►			
(a) SUBTOTAL of Itemized Independent Expendit	ures			15.81			
				7 7			
(b) SUBTOTAL of Unitemized Independent Exper	ditures		· •	7			
(c) TOTAL Independent Expenditures			•	7			
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or in	idate or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 20				
-							

Schedule E)	LIVI EXI END	HONES		PAGE 72 OF 143 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼							
Women Speak Out PAC  C C00530766							
Check if 24-hour report 48-hour report	X New rep	oort Amends repo	ort filed on	M / D = D / Y = Y = Y			
Full Name of Payee Bethlehem R Romm			M	Public Distribution/Dissemination			
Mailing Address 2609 Bluestrem Dr			Amount	0 25 2014			
City	State	Zip Code		50.00			
Lawrence	KS	66047		ction ID : 5a438355-b40d-497c-9 Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	М	0 25 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Mr. Greg Orman		X Oppose	Presider				
Calendar Year-To-Date Per Election for Office Sought		183442.96	Disbursement 2014 Oth	For: Primary X General er (specify) ►			
Full Name of Payee			Date of	Public Distribution/Dissemination			
Bethlehem R Romm				10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 2609 Bluestrem Dr			Amoun	t			
City	State	Zip Code		14.40			
Lawrence	KS	66047		tion ID : df4c0c84-ab70-499a-b Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002		0 25 7 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Mr. Greg Orman		Oppose	Presider				
Calendar Year-To-Date Per Election for Office Sought	.,,	183442.96	Disbursement 2014 Oth	For:			
(a) SUBTOTAL of Itemized Independent Expend	itures			64.40			
(b) SUBTOTAL of Unitemized Independent Expe	nditures			7 1 7 1 7 1			
(.,				7 7			
(c) TOTAL Independent Expenditures			•	7 7			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized						
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10	26 2014			
÷							

Sc	chedule E)	XI LIIDI	. 5.1.25			PAGE 73 OF 143 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC  C C00530766						00530766
Ch	eck if X 24-hour report 48-hour report	New repo	rt Amends repo	rt filed on	M = M /	D = D / Y = Y = Y
	Full Name of Payee			Da	ate of Public [	Distribution/Dissemination
	Hope Benner				10	25 / 2014
	Mailing Address 2073 A Clover Ave			Ar	nount	
	City	te	Zip Code			40.00
	Springdale Al	R	72764			: 8d05961d-1cab-4f80-9 ement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10	25 / 2014
	Name of Federal Candidate		Support	Office So	ught:	House District: 00
	Mr. Mark L Pryor		X Oppose	Pre	esident X	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	20	03387.65	Disburser 2014	ment For: Other (spec	Primary X General
	Full Name of Payee Hope Benner			Da	ate of Public I	Distribution/Dissemination
	Mailing Address 2073 A Clover Ave				10	25 2014
				Aı	mount	
	City		Zip Code			6.00
	Springdale A  Purpose of Expenditure	R	72764	Da	i <b>nsaction ID</b> : ate of Disburs	e01cbac9-91bb-4a0f-b sement or Obligation
	Mileage		Category/ Type 002		10	25 / 2014
	Name of Federal Candidate		Support	Office Sc	ought:	House District: 00
	Mr. Mark L Pryor		X Oppose	Pre	esident X	
	Calendar Year-To-Date Per Election for Office Sought		203387.65	Disburse 2014	ment For: Other (spec	Primary
_	(a) SUBTOTAL of Itemized Independent Expenditures			, г		46.00
	,,				7	4
	(b) SUBTOTAL of Unitemized Independent Expenditures			•	-	
	(c) TOTAL Independent Expenditures			•	-7-	7
,	Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized				
	Ms. Emily Buchanan	[Electronic	cally Filed] Date	M M M	/ D D D 26	2014
	Signature		_ · · Date			
		_		_		

Schedule E)	EFORT OF INDEFER	DENT EXTEND	TOTILO		PAGE 74 OF 143 FOR SE OF FORM 24/48		
NAME OF COMMI					FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC  C coopsigned  C coopsigned							
Check if X 24-ho	heck if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of F				Date of	of Public Distribution/Dissemination		
	Hernandez				10 25 / 2014		
Mailing Addres	S 915 E Market Ave			Amou	nt		
City		State	Zip Code		75.00		
Searcy		AR	72149		action ID: 46ac9a3d-1c77-4235-a of Disbursement or Obligation		
Purpose of Ex Salary	penditure		Category/ Type 001	M	10 25 / 2014		
Name of Fede	ral Candidate		Support	Office Sough	t: House District:00		
Mr. Mark L Pry	or		X Oppose	Preside			
	Year-To-Date on for Office Sought	2	203387.65	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶		
Full Name of I		_		Date	of Public Distribution/Dissemination		
	Hernandez				10 25 2014		
Mailing Addres	S 915 E Market Ave			Amou	nt		
City		State	Zip Code	— I	53.40		
Searcy		AR	72149		oction ID : 32e1e05a-5842-4e64-b of Disbursement or Obligation		
Purpose of Ex Mileage	penditure		Category/ Type 002	The state of the s	10 25 / Y Y Y Y Y		
Name of Fede	ral Candidate		Support	Office Sough	it: House District: 00		
Mr. Mark L Pry	or		X Oppose	Preside			
	Year-To-Date on for Office Sought		203387.65	Disbursemen 2014	ther (specify) ▶		
(a) SUBTOTAL	of Itemized Independent Expe	nditures			128.40		
, ,					7 7 7		
(b) SUBTOTAL	of Unitemized Independent Ex	penditures		•	72 1 72 1 72		
(c) TOTAL Inde	pendent Expenditures			•	7 1 7 1 7		
with, or at the re		andidate or authorized			cooperation, consultation, or concert the reporting entity is not a political		
Ms Signature	. Emily Buchanan	[Electron	ically Filed] Date	10	26 / 2014		
ŭ							

Schedule E)	DEITI EXI END	TOTILO	PAGE 75 OF 143 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC	C C00530766					
heck if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee Zachary W Jackson			Date of Public Distribution/Dissemination			
Mailing Address 3513 Elizabeth St			10 25 2014 Amount			
City	State	Zip Code	75.00			
Choctaw	OK	73020	Transaction ID : 16fbc1d3-0e29-4041-a Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	10 25 2014			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Mr. Mark L Pryor		X Oppose	President Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought	, , , ,	203387.65	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
Full Name of Payee			Date of Public Distribution/Dissemination			
Ryan Drake			10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 29637 Park St			Amount			
City	State	Zip Code	20.00			
Walker	LA	70785	Transaction ID : 9d88c444-6aff-4e9d-8 Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	10 25 2014			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Mary L Landrieu		X Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought		210363.37	Disbursement For:  Primary  ☐ General  2014  Other (specify) ►			
(a) SUBTOTAL of Itemized Independent Expe	nditures		95.00			
(b) SUBTOTAL of Unitemized Independent Ex	penditures		. •			
			4 4			
(c) TOTAL Independent Expenditures			<b>&gt;</b>			
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 26 / 2014			
5.g. (a.a.)						

Schedule E)	II EXI END	TOTILO		PAGE 76 OF 143 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼		
Women Speak Out PAC	romen Speak Out PAC					
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	rt filed on	/ / D = D / Y = Y = Y		
Full Name of Payee			Date of F	Public Distribution/Dissemination		
Ryan Drake			M 10			
Mailing Address 29637 Park St			Amount			
City	State	Zip Code		1.20		
Walker	LA	70785		ion ID: 773c71da-748d-4927-9 Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	10			
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	, , , ,	10363.37	Disbursement For 2014 Othe	or:		
Full Name of Payee	_		Date of F	Public Distribution/Dissemination		
James W Blevins			M 10			
Mailing Address 108 East Clinton St			Amount			
PO Box 410			Amount			
City	State	Zip Code		32.50		
Salemburg	NC	28385		on ID: 96f35507-d698-41a2-b Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	<sup>M</sup> 10			
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		Oppose	President	Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought	7 7	1060524.09	Disbursement F 2014 Othe	or:		
(a) SUBTOTAL of Itemized Independent Expenditure	· 0.5			33.70		
(a) SOBTOTAL OF REMIZED INDEPENDENT EXPENDICIO			•	33.70		
(b) SUBTOTAL of Unitemized Independent Expend	itures		· •	7		
(c) TOTAL Independent Expenditures			•	4 1 2 1		
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		26 2014		
5.g. (a.a.)						

Schedule E)		01123		PAGE 77 OF 143 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
Check if 24-hour report 48-hour report	X New report	t Amends repor	t filed on	/ D = D / Y = Y = Y
Full Name of Payee James W Blevins			M	
Mailing Address 108 East Clinton St PO Box 410			Amount	25 2014
	7i	. 0-45		9.82
,		ip Code 28385		8.82 ion ID : 668b7312-64d4-45ee-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Date of L	W / D D / Y Y Y Y
Name of Federal Candidate	1	Support	Office Sought:	House District: 00
Ms. Kay Hagan		∑ Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1060	0524.09	Disbursement For 2014 Other	or: Primary X General r (specify) ▶
Full Name of Payee Lilly Green  Mailing Address 205 Medallion Circle			Date of F	
			Amount	
<b>l</b> '		ip Code 71119		80.00 on ID : 36f1af1a-7735-4830-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of E	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		210363.37	Disbursement For 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditures			·	88.82
(b) SUBTOTAL of Unitemized Independent Expenditures	3		<b>.</b>	7 1 7 1 7
(c) TOTAL Independent Expenditures			<b>.</b>	7
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	or authorized co			
Ms. Emily Buchanan	[Electronica	ally Filed] Date		26 2014
Signature				

						FOR SE OF	FORM 24/48
NAME OF COMMITTEE (In Full)					FEC I	DENTIFICATION	ON NUMBER ▼
Women Speak Out PAC					С	C00530766	
Check if 24-hour report 48-hour report	New repo	ort Am	nends repo	rt filed on	- M	/ D = D /	Y I Y I Y I Y
Full Name of Payee				Date	of Publ	ic Distribution/	Dissemination
Lilly Green					10 <sup>M</sup>	/ D D /	2014
Mailing Address 205 Medallion Circle				Amou	nt		
City	State	Zip Code					55.80
Shreveport	LA	71119				ID: c13384a9	9-c851-450d-8
Purpose of Expenditure Mileage		Category/ Type	002		10	25	2014
Name of Federal Candidate			Support	Office Sough	nt:	House	District:00
Ms. Mary L Landrieu			Oppose	Presid	ent [	Senate	State:LA
Calendar Year-To-Date Per Election for Office Sought	2	10363.37		Disbursemer 2014		Primary	K General
Full Name of Payee							/Dissemination
Caleb Craig				Date	10	/ 25	2014
Mailing Address 1410 Bushville drive				Amou	-		
City	State	Zip Code					80.00
Lenoir	NC	28645				D: 95ff2a30-foursement or (	
Purpose of Expenditure Salary		Category/ Type	001	_   _	10 <sup>M</sup>	25	2014
Name of Federal Candidate			Support	Office Sough	nt:	House	District: 00
Ms. Kay Hagan		X	Oppose	Presid	ent [	Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1060524.0	9	Disbursemer 2014		Primary	General
(a) SUBTOTAL of Itemized Independent Expenditure	9S				-		135.80
(b) SUBTOTAL of Unitemized Independent Expendit	ures			•			
(c) TOTAL Independent Expenditures				•		7	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized						
Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M = M /	26	/ Y Y 201	4
Signature		_				نباد	

PAGE

78

OF

		FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
vvo	men Speak Out PAC	C C00530766
Check	a if $X$ 24-hour report 48-hour report New report Amends report filed	I on Mam / Dad / Yayayay
	III Name of Payee	Date of Public Distribution/Dissemination
	Oylan J Sparks	10 25 / Y Y Y Y Y Y
M	ailing Address 915 East Market Ave	Amount
C	ity State Zip Code	100.00
	Searcy AR 72149	Transaction ID : 6b813a5e-ff58-49d5-8 Date of Disbursement or Obligation
	urpose of Expenditure Salary  Category/ Type  001	10 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	ame of Federal Candidate Support Offic	e Sought: House District: 00
M	1r. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disb 203387.65	ursement For: Primary General
H		U Other (specify) ►
	ull Name of Payee Dylan J Sparks	Date of Public Distribution/Dissemination
N	lailing Address 915 East Market Ave	10 25 2014 Amount
-	ity State Zip Code Searcy AR 72149	100.80  Transaction ID : e49ef724-5737-49f3-a
	urpose of Expenditure Mileage  Category/ Type  002	Date of Disbursement or Obligation
_ N	ame of Federal Candidate	2 11 5: 00
	Support Office	e Sought: House District: 00  President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:  Primary
(a)	SUBTOTAL of Itemized Independent Expenditures	200.80
(b)	SUBTOTAL of Unitemized Independent Expenditures	
(c)	TOTAL Independent Expenditures	
with	der penalty of perjury I certify that the independent expenditures reported herein were not m, or at the request or suggestion of, any candidate or authorized committee or agent of either ty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	10 26 2014
-	Signature	

PAGE

79

OF

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Rachel L Anzalone	10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2319 West Oak	Amount
ŀ	City State Zip Code	40.00
	El Dorado AR 71730	Transaction ID: d4876244-8e48-4e97-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	10 25 2014
ı	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbu 203387.65  Disbu 2014	rsement For: Primary General  Other (specify) ▶
	Full Name of Payee Gregory Green	Date of Public Distribution/Dissemination
	Mailing Address 2506 Bolch Street	Amount
ŀ	City State Zip Code	80.00
	Shreveport LA 71104	Transaction ID: a3086aad-9bd7-455c-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	10 / 25 / 2014
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 210363.37	rsement For: Primary X General  Other (specify) ▶
(	a) SUBTOTAL of Itemized Independent Expenditures	120.00
(	b) SUBTOTAL of Unitemized Independent Expenditures	
(	c) TOTAL Independent Expenditures	1 1 7 1 1 7 1 1 7
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may ith, or at the request or suggestion of, any candidate or authorized committee or agent of either earty committee) any political party committee or its agent.	
	Ms. Emily Buchanan  [Electronically Filed] Date  Signature	0 26 2014
	- Orginaturo	

PAGE 80

OF

Schedule E)	INT EXI END	TTOTILO	<u> </u>	PAGE 81 OF 143 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼		
Women Speak Out PAC	vomen Speak Out PAC					
Check if 24-hour report 48-hour report	heck if X 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee			Date of Public	Distribution/Dissemination		
Gregory Green			10	25 / 2014		
Mailing Address 2506 Bolch Street			Amount			
City	State	Zip Code		57.60		
Shreveport	LA	71104		: 4a7deee6-845b-4ae7-9 sement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	10	25 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		X Oppose	President X			
Calendar Year-To-Date Per Election for Office Sought	.,	210363.37	Disbursement For: 2014 Other (spec	Primary		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Josh R Arnold			10	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1531 N Ridgewood Dr			Amount			
City	State	Zip Code		75.00		
Wichita	KS	67208		: 6a846909-139d-48a6-a sement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	10 /	25 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Greg Orman		Oppose	President X	Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	183442.96	Disbursement For: 2014 Other (spe	Primary		
(a) SUBTOTAL of Itemized Independent Expendit	ures			132.60		
			7	7		
(b) SUBTOTAL of Unitemized Independent Expen	ditures		<b>•</b>	7		
(c) TOTAL Independent Expenditures			<b>)</b>	7 1 7		
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorized					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 26	2014		
~						

NAME OF COMMITTEE (In Full) Women Speak Out PAC	
Women Sheak Out Pat	TION NUMBER ▼
C C00530760	6
Check if X 24-hour report 48-hour report New report Amends report filed on	/ Y = Y = Y = Y
Full Name of Payee  Josh R Arnold  Date of Public Distribution	on/Dissemination
10 25	2014
Mailing Address 1531 N Ridgewood Dr Amount	
City State Zip Code	12.30
Wichita KS 67208 Transaction ID : abc6a7 Date of Disbursement of	
Purpose of Expenditure Mileage  Category/ Type  O02  M M M / D D 25	2014
Name of Federal Candidate Support Office Sought: House	District:00
Mr. Greg Orman  Oppose  President  Senate	State: KS
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: □ Prima 2014 □ Other (specify) ▶ □	ary X General
Full Name of Payee Date of Public Distribution	on/Dissemination
Sandra C Montalbano	2014
Mailing Address 4177 Lowerline St  Amount	
City State Zip Code	30.00
Slidell LA 70461 Transaction ID : 313ed7	
Purpose of Expenditure Salary  Category/ Type  001  10  10  25	2014
Name of Federal Candidate Support Office Sought: House	District:00
Ms. Mary L Landrieu	State: LA
Calendar Year-To-Date Per Election for Office Sought  210363.37  Disbursement For: □ Prima 2014  Other (specify) ▶ _	ary X General
(a) SUBTOTAL of Itemized Independent Expenditures	42.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consu with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity party committee) any political party committee or its agent.	
(77)	014

Schedule E)	INT EXILIND	ITOTILO		PAGE 83 OF 143 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼			
Women Speak Out PAC C c00530766							
Check if 24-hour report 48-hour report	heck if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee Sandra C Montalbano			M = M /	Distribution/Dissemination			
Mailing Address 4177 Lowerline St			Amount	25 2014			
City	State	Zip Code		4.50			
Slidell	LA	70461		D: ea14262c-6c05-4936-9 rsement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	10	25 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Mary L Landrieu		Oppose		Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	2	210363.37	Disbursement For: 2014 Other (sp.	Primary			
Full Name of Payee			Date of Public	Distribution/Dissemination			
James R Hooper			10	25 / 2014			
Mailing Address 502 N Oak St			Amount				
City	State	Zip Code		47.50			
Little Rock	AR	72205		D: a021d658-f9eb-4bc2-b ursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	10	25 / Y Y Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought:	House District:00			
Mr. Mark L Pryor		Oppose		Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought	7 7	203387.65	Disbursement For: 2014 Other (sp	Primary X General ecify) ▶			
(a) SUBTOTAL of Itemized Independent Expendit	ures			52.00			
(b) SUBTOTAL of Unitemized Independent Exper	nditures			7			
				4			
(c) TOTAL Independent Expenditures			<b>•</b>	7			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 26	2014			
Signataro							

Schedule E)	VI EXI EIVE	ITOTILO		PAGE 84 OF 143 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC	C	C00530766		
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee James R Hooper			Date of Public	Distribution/Dissemination
Mailing Address 502 N Oak St			10 Amount	25 2014
City Little Rock	State AR	Zip Code 72205		10.20 <b>D : ccf8b542-4203-4477-8</b>
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbu	rsement or Obligation  25  2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President >	Trodes Bletriet.
Calendar Year-To-Date Per Election for Office Sought	2	203387.65	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee	_		Date of Public	Distribution/Dissemination
Amy Rich			10	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5119 E Boston St			Amount	
City	State	Zip Code		10.00
Wichita	KS	67218		: ed264158-10cc-4e52-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose	President >	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 7	183442.96	Disbursement For: 2014 Other (sp	Primary X General ecify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	res		·	20.20
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	
(c) TOTAL Independent Expenditures			<b>•</b>	7 7
Under penalty of perjury I certify that the independ				
with, or at the request or suggestion of, any candic party committee) any political party committee or its		I committee or agent o	t either, or (if the repo	rting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 26	2014
Gigilature				<del></del>

Schedule E)	DEFENDENT EXPEND	ITORLS	PAGE 85 OF 143 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48	hour report New report	ort Amends repo	rt filed on
Full Name of Payee Amy Rich			Date of Public Distribution/Dissemination
			10 25 / 2014
Mailing Address 5119 E Boston St			Amount
City	State	Zip Code	3.00
Wichita	KS	67218	Transaction ID : cc10999f-5a5f-4a94-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	1	83442.96	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Laura U Logie			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2565 Shire Circ	le		Amount
City	State	Zip Code	5.00
Harrisonburg	VA	22801	Transaction ID: 54d66f33-32de-47a0-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 25 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sough	1	183442.96	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Indeper	ndent Evnenditures		8.00
(a) CODICIAL OF ROMIZED MOOPOR	adin Expondituroo		3.00
(b) SUBTOTAL of Unitemized Indep	pendent Expenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditure	es		<b>&gt;</b>
	n of, any candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron.	ically Filed] Date	10 26 / 2014

Sche	dule E)				PAGE 86 OF 143 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	men Speak Out PAC				C C00530766
Check	if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
	II Name of Payee Brenda L McCune				of Public Distribution/Dissemination
Ма	ailing Address 1254 Fleming St Apt 6			Amou	10 25 2014 nt
Cit	hr.	State	Zip Code		90.00
	onway	AR	72032		action ID : 159d2726-130c-4586-b of Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001		10 25 / 2014
Na	ame of Federal Candidate		Support	Office Sough	t: House District:00
Mı	r. Mark L Pryor		X Oppose	Preside	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	2	203387.65	Disbursemen 2014 O	t For:  Primary
	Name of Payee Brenda L McCune				of Public Distribution/Dissemination
Ma	ailing Address 1254 Fleming St Apt 6			Amou	
Cit	ty	State	Zip Code		61.50
	Conway	AR	72032		oction ID: 332ca1ff-493f-4868-b of Disbursement or Obligation
	urpose of Expenditure fileage		Category/ Type 002	N	10 25 / 2014
Na	ame of Federal Candidate		Support	Office Sough	it: House District:00
M	r. Mark L Pryor		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		203387.65	Disbursemen 2014 O	t For:  Primary
(a)	SUBTOTAL of Itemized Independent Expenditure	es		· ·	151.50
(b)	SUBTOTAL of Unitemized Independent Expendit	ures		· •	7 1 7 1 7
(c)	TOTAL Independent Expenditures			· [	7.1.7.1.2.1
with	ler penalty of perjury I certify that the independent, or at the request or suggestion of, any candidaty committee) any political party committee or its	ate or authorized			
_	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 10	26 2014
3	Signature				

FEC IDENTIFICATION NUMBER   V Coopsignate		include Ly	FOR SE OF FORM 24/48
Check if    24-hour report			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Francis Richardson  Mailing Address 220 Doucet Rd  City State Zip Code Lafayette LA 70803  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  City State Zip Code LA 70803  Name of Pederal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Category/ Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Category/ Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Category/ Name of Payee  Francis Richardson  Mailing Address 220 Doucet Rd  Category/ Name of Pederal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Pe	۷۱	romen Speak Out PAC	C C00530766
Francis Richardson  Mailing Address 220 Doucet Rd  City State Zip Code Lafayerte LA 70503  Purpose of Expenditure Salary  Name of Federal Candidate Sought 210363.37  Full Name of Payee Francis Richardson  Mailing Address 220 Doucet Rd  Disbursement For: Primary General Purpose of Expenditure Salary  Category/ Oppose President Senate State: Under penalty to Primary Senate State: Under penalty of perjury I certify that the independent Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political parry committee) any political parry committee or its agent.  Ms. Emily Buckanan  Industry Landrieu Date of Public Distribution Dissemble of Disbursement for Obligation State: LA Disbursement for Obligation State: LA Disbursement For: Primary General Category Disbursement For: Prima	Che	eck if Z 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Mailing Address 220 Doucet Rd  City State Zip Code Tanasaction ID : 14336f8-1468d-90-Date of Distrusement or Obligation Solary  Name of Federal Candidate Solary Oppose Support Solary	$\Box$	Full Name of Payee	Date of Public Distribution/Dissemination
City State Zip Code Lafayette LA 70503  Purpose of Expenditure Salary   Category/ Type   On1   To   25   2014    Name of Federal Candidate   Support   Senate State: LA   Disbursement or Obligation   District: OO   President   Senate State: LA   Disbursement   Other (specify)   District: OO   Other (specify)   District: OO   Other (specify)   District: OO   Other (specify)   District: OO   Other (specify)			
Lafayette LA 70503  Furpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Purpose of Expenditure  Calendar Year-To-Date Particular of Office Sought  Purpose of Expenditure  Calendar Year-To-Date Particular of Office Sought  Purpose of Expenditure  Calendar Year-To-Date Purpose of Expenditure  Mailing Address 220 Doucet Rd  Category/ Viype  Category/ Viype  Category/ Viype  OD Transaction ID : 14a36/61-4c8d-45d0-9  Date of Disbursement or Obligation  Transaction ID : 14a36/61-4c8d-45d0-9  Date of Disbursement For: □ Primary ☑ General 2014 □ Other (specify) ▶  Full Name of Payee Francis Richardson  Mailing Address 220 Doucet Rd  Amount  City State Zip Code Lafayette LA 70503  Purpose of Expenditure Mileage  Category/ Viype  OD Transaction ID : 66291deb-199b-4bed-a Date of Disbursement or Obligation  Transaction ID : 66291deb-199b-4bed-a Date of Disbursement or Obligation  Transaction ID : 14a36/61-4c8d-45d0-9  Date of Disbursement For: □ 2014  Amount  Category/ Viype  OD Transaction ID : 66291deb-199b-4bed-a Date of Disbursement or Obligation  Transaction ID : 14a36/61-4c8d-45d0-9  Date of Disbursement For: □ 2014  Amount  Category/ Viype  OD Transaction ID : 66291deb-199b-4bed-a Date of Disbursement or Obligation  Transaction ID : 14a36/61-4c8d-45d0-9  Date of Disbursement For: □ 2014  Amount  Category/ Viype  OD Transaction ID : 14a36/61-4c8d-45d0-9  Date of Disbursement For: □ 2014  Amount  Category/ Viype  OD Transaction ID : 14a36/61-4c8d-45d0-9  Date of Disbursement For: □ 2014  Amount  Category/ Viype  OD Transaction ID : 14a36/61-4c8d-45d0-9  Date of Disbursement For: □ 2014  Amount  Category/ Viype  OD Transaction ID : 14a36/61-4c8d-45d0-9  Date of Disbursement For: □ 2014  Amount  Category/ Viype  OD Transaction ID : 14a36/61-4c8d-45d0-9  Date of Disbursement For: □ 2014  Amount  Category/ Viype  OD Transaction ID : 14a36/61-4c8d-45d0-9  Date of Disbursement For: □ 2014  Other (specify) ▶  Category/ Viype  OD Transaction ID : 14a36/61-4c8d-45d0-9  Date of D		Mailing Address 220 Doucet Rd	Amount
Lafayette LA 70503  Furpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Purpose of Expenditure  Calendar Year-To-Date Particular of Office Sought  Purpose of Expenditure  Calendar Year-To-Date Particular of Office Sought  Purpose of Expenditure  Calendar Year-To-Date Purpose of Expenditure  Mailing Address 220 Doucet Rd  Category/ Viype  Category/ Viype  Category/ Viype  OD Transaction ID : 14a36/61-4c8d-45d0-9  Date of Disbursement or Obligation  Transaction ID : 14a36/61-4c8d-45d0-9  Date of Disbursement For: □ Primary ☑ General 2014 □ Other (specify) ▶  Full Name of Payee Francis Richardson  Mailing Address 220 Doucet Rd  Amount  City State Zip Code Lafayette LA 70503  Purpose of Expenditure Mileage  Category/ Viype  OD Transaction ID : 66291deb-199b-4bed-a Date of Disbursement or Obligation  Transaction ID : 66291deb-199b-4bed-a Date of Disbursement or Obligation  Transaction ID : 14a36/61-4c8d-45d0-9  Date of Disbursement For: □ 2014  Amount  Category/ Viype  OD Transaction ID : 66291deb-199b-4bed-a Date of Disbursement or Obligation  Transaction ID : 14a36/61-4c8d-45d0-9  Date of Disbursement For: □ 2014  Amount  Category/ Viype  OD Transaction ID : 66291deb-199b-4bed-a Date of Disbursement or Obligation  Transaction ID : 14a36/61-4c8d-45d0-9  Date of Disbursement For: □ 2014  Amount  Category/ Viype  OD Transaction ID : 14a36/61-4c8d-45d0-9  Date of Disbursement For: □ 2014  Amount  Category/ Viype  OD Transaction ID : 14a36/61-4c8d-45d0-9  Date of Disbursement For: □ 2014  Amount  Category/ Viype  OD Transaction ID : 14a36/61-4c8d-45d0-9  Date of Disbursement For: □ 2014  Amount  Category/ Viype  OD Transaction ID : 14a36/61-4c8d-45d0-9  Date of Disbursement For: □ 2014  Amount  Category/ Viype  OD Transaction ID : 14a36/61-4c8d-45d0-9  Date of Disbursement For: □ 2014  Amount  Category/ Viype  OD Transaction ID : 14a36/61-4c8d-45d0-9  Date of Disbursement For: □ 2014  Other (specify) ▶  Category/ Viype  OD Transaction ID : 14a36/61-4c8d-45d0-9  Date of D		City State Zip Code	20.00
Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year To-Date Per Election for Office Sought  Full Name of Payee Francis Richardson  Mailing Address 220 Doucet Rd  City Lafayette LA  Purpose of Expenditure Mileage  Category/ Name of Federal Candidate LA  To503  Purpose of Expenditure Mileage  Category/ Type  Oo2  Transaction ID: c6291 deb-199b-abed-a Date of Disbursement or Obligation  Tansaction ID: c6291 deb-199b-abed-a Date of Disbursement or Obligation  Tansaction ID: c6291 deb-199b-abed-a Date of Disbursement or Obligation  Transaction ID: c6291 deb-199b-abed-a Date of Disbursement or Obligation  Transaction ID: c6291 deb-199b-abed-a Date of Disbursement or Obligation  Transaction ID: c6291 deb-199b-abed-a Date of Disbursement or Obligation  Transaction ID: c6291 deb-199b-abed-a Date of Disbursement or Obligation  Transaction ID: c6291 deb-199b-abed-a Date of Disbursement or Obligation  Transaction ID: c6291 deb-199b-abed-a Date of Disbursement or Obligation  Transaction ID: c6291 deb-199b-abed-a Date of Disbursement or Obligation  Transaction ID: c6291 deb-199b-abed-a Date of Disbursement or Obligation  Transaction ID: c6291 deb-199b-abed-a Date of Disbursement or Obligation  Transaction ID: c6291 deb-199b-abed-a Date of Disbursement or Obligation  Transaction ID: c6291 deb-199b-abed-a Date of Disbursement or Obligation  Transaction ID: c6291 deb-199b-abed-a Date of Disbursement or Obligation  Transaction ID: c6291 deb-199b-abed-a Date of Disbursement or Obligation  Transaction ID: c6291 deb-199b-abed-a Date of Disbursement or Obligation  Transaction ID: c6291 deb-199b-abed-a Date of Disbursement or Obligation  Transaction ID: c6291 deb-199b-abed-a Date of Disbursement or Obligation  Transaction ID: c6291 deb-199b-abed-a Date of Disbursement or Obligation  Transaction ID: c6291 deb-199b-abed-a Date of Disbursement or Obligation  Transaction ID: c6291 deb-199b-abed-a Date of Disbursement or Obligation  Transaction ID: c6291 deb-199b-abed-a Date of Disbursement or Obliga		·	Transaction ID : 14a36f81-4c8d-45d0-9
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Francis Richardson  Mailing Address 220 Doucet Rd  City State Zip Code Lafayette LA 70503  Purpose of Expenditure Mileage  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Purpose of Expenditure Mileage  Category/ Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date		Salany Odtegory/	M M / D D / Y Y Y Y
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  President Senate State: LA  Disbursement For: Primary General 2014 Other (specify) P  Full Name of Payee Francis Richardson  Mailing Address 220 Doucet Rd  City State Zip Code Lafayette LA 70503  Purpose of Expenditure Mileage  Category/ 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1		Name of Federal Candidate Support Office	Sought: House District: 00
Per Election for Office Sought  210363.37  2014  Other (specity) >  Full Name of Payee Francis Richardson  Mailing Address 220 Doucet Rd  City State Zip Code Lafayette LA 70503  Purpose of Expenditure Mileage  Name of Federal Candidate Many L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Ye		Ma Mary I Landers	
Full Name of Payee Francis Richardson  Mailing Address 220 Doucet Rd  City State Zip Code Lafayette LA 70503  Purpose of Expenditure Mileage Category/ O02  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		040000 07	
Mailing Address 220 Doucet Rd    Mailing Address   220 Doucet Rd   Amount			Date of Public Distribution/Dissemination
City State Zip Code LA 70503  Transaction ID : c6291deb-f99b-4bed-a Date of Disbursement or Obligation Purpose of Expenditure Mileage  Category/ Name of Federal Candidate Ms. Mary L Landrieu  Support  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  210363.37  Ciffice Sought: House District:  O President Senate State: LA Disbursement For: Primary General 2014  Other (specify)  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date  Transaction ID : c6291deb-f99b-4bed-a Date of Disbursement or Obligation  Office Sought: House District: 00 President Senate State: LA Disbursement For: Primary General 21.20  Cher (specify)  21.20			
Lafayette  LA 70503  Transaction ID: c6291deb-f99b-4bed-a Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Category/ Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  210363.37  Calendar Year-To-Date Per Election for Office Sought  Category/ Type  Office Sought: House District: 00 President X Senate State: LA  Disbursement For: Primary A General  Other (specify)  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date  Transaction ID: c6291deb-f99b-4bed-a Date of Disbursement or Obligation  Mole of Disbursement or Obligation  Transaction ID: c6291deb-f99b-4bed-a Date of Disbursement or Obligation  Mole of Disbursement For: Primary Other (specify)  Category/ 2014  Category/ 2014  Other (specify)  Category/ 2014  Other (specify)  Category/ 2014  Other (specify)		Mailing Address 220 Doucet Rd	Amount
Purpose of Expenditure  Mileage  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		City State Zip Code	1.20
Purpose of Expenditure Mileage    Category/ Type   002			
Ms. Mary L Landrieu    Calendar Year-To-Date   Per Election for Office Sought   Per Election for Of		Mileage Odlegory/ 002	M M / D D / Y Y Y Y
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  210363.37  Disbursement For: Primary General 2014 Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures	l	Name of Federal Candidate Support Office	Sought: House District: 00
(a) SUBTOTAL of Itemized Independent Expenditures			
(c) TOTAL Independent Expenditures		2014	·
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    M M M		(a) SUBTOTAL of Itemized Independent Expenditures	21.20
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  **Ms. Emily Buchanan**  [Electronically Filed]  Date    Date   Dat	(	(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    Mand		(c) TOTAL Independent Expenditures	
[Electronically Filed] Date 10 26 2014	١	with, or at the request or suggestion of, any candidate or authorized committee or agent of either	
Factor 10 and 10		[F1 4	
		Bato	

PAGE 87

OF

	Tieddic Ly			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
V۷	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed		= M	/ D = D /	Y = Y = Y
Т	Full Name of Payee	Date of	of Pub	olic Distribution	/Dissemination
	Jeremy Hollar	М	10 <sup>M</sup>	25	2014
	Mailing Address 121 Meadowview Drive	Amou	nt		
ŀ	City State Zip Code		_		20.00
	Boone NC 28607			n ID: 60e7ad9e bursement or 0	
	Purpose of Expenditure Salary  Category/ Type  001		10 <sup>M</sup>	25	2014
f	Name of Federal Candidate Support Office	e Sough	t:	House	District:00
	Ms. Kay Hagan Oppose	Preside		Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014			Primary	General
-				specify) ▶	
	Full Name of Payee  Jeremy Hollar		и = м	olic Distribution	Y Y Y Y Y
	Mailing Address 121 Meadowview Drive	Amou	10 int	25	2014
		1			
	City State Zip Code	Trens	otio=	ID : 32c99d4b	46.50
	Boone NC 28607  Purpose of Expenditure	Date of	of Dist	bursement or (	Obligation
	Mileage Category/ Type 002	IV.	10	25	2014
ŀ	Name of Federal Candidate Support Office	ce Sough	t:	House	District:00
		Preside		X Senate	State: NC
				Primary	/ Kaneral
<b>_</b>	a) SUBTOTAL of Itemized Independent Expenditures		(	. ,,	66.50
(	b) SUBTOTAL of Unitemized Independent Expenditures				
(	C) TOTAL Independent Expenditures			-7-	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not movith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
		10 /	26		4
_	Signature		_ <u></u> _		
		1	v	1	

PAGE 88

OF

FEC IDENTIFICATION NUMBER ¥   C   C00539766		Tieddic E)	FOR SE OF FORM 24/48
C CO0530766  Check if		,	FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Ronald W Ryckman  Mailing Address 503 N Cedar St  City State Zip Code KS 67864  Purpose of Expenditure Salary  Calegory Oppose  Full Name of Payee Ronald W Ryckman  Name of Federal Candidate M. Greg Orman  Mailing Address 503 N Cedar St  Calegory Oppose  Cale	۷۷	omen Speak Out PAC	C C00530766
Ronald W Ryckman  Mailing Address 503 N Cedar St  City State Zip Code Meade KS 67864  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Mailing Address 503 N Cedar St  Calendar Year-To-Date Purpose of Expenditure  Son N Cedar St  City State Zip Code President Senate State: KS  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate  Mr. Greg Orman  Calendar Year-To-Date Purpose of Expenditure Mileage  Name of Federal Candidate Mr. Greg Orman  Calegory/ Type  Oo2  Name of Federal Candidate Mr. Greg Orman  Calegory/ Type  Oo2  Name of Federal Candidate Mr. Greg Orman  Calegory/ Type  Oo2  Name of Federal Candidate Mr. Greg Orman  Calegory/ Type  Oo2  Name of Federal Candidate Mr. Greg Orman  Calegory/ Type  Oo2  Name of Federal Candidate Mr. Greg Orman  Calegory/ Type  Oo2  Name of Federal Candidate Mr. Greg Orman  Calegory/ Type  Oo2  Office Sought: House District: Oo President Senate State: KS  Calendar Year-To-Date Per Election for Office Sought  Tansaction ID: 1ecd512a-8335-498b- Date of Dubursement or Obligation  Transaction ID: 1ecd512a-8335-498b- Date of Dubursement For: Defining Mr. Gregory Type  Other (specify) Impression  To District: Oo President Senate State: KS  Disbursement For: Primary Canneral  Other (specify) Impression  To District: Oo President Senate State: KS  Disbursement For: Primary Canneral  Other (specify) Impression  Other (specify) Impression  To District: Oo Other (specify) Impression  Other (specify) Impression  To District: Oo Other (specify) Impressio	Che	ck if $X$ 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Mailing Address 503 N Cedar St  City State Zip Code KS 67864  Purpose of Expenditure Support Office Sought: House District: 00 President Senate State: KS 67864  Full Name of Payee Ronald W Ryckman  Mailing Address 503 N Cedar St  City State Zip Code President Senate State: KS 67864  Purpose of Expenditure Support Office Sought: House District: 00 President Senate State: KS 057864  Full Name of Payee Ronald W Ryckman  Mailing Address S03 N Cedar St  City State Zip Code KS 67864  Purpose of Expenditure Mileage Songham Song	T		Date of Public Distribution/Dissemination
City State Zip Code Meade KS 67864  Purpose of Expenditure Salary		•	
Meade KS 67864  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Greg Orman  Calendar Year-To-Date Propose of Expenditure Salary  Calendar Year-To-Date Purpose of Expenditure Milleage  Name of Federal Candidate  Name of Federal Candidate  KS 67864  Purpose of Expenditure Milleage  Name of Federal Candidate  Name of Federal Candidate  Name of Payee Ronald W Ryckman  Mailing Address 503 N Cedar St  Calendar Year-To-Date Purpose of Expenditure Mileage  Name of Federal Candidate Name of Federal Can		Mailing Address 503 N Cedar St	Amount
Meade KS 67864  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Greg Orman  Calendar Year-To-Date Propose of Expenditure Salary  Calendar Year-To-Date Purpose of Expenditure Milleage  Name of Federal Candidate  Name of Federal Candidate  KS 67864  Purpose of Expenditure Milleage  Name of Federal Candidate  Name of Federal Candidate  Name of Payee Ronald W Ryckman  Mailing Address 503 N Cedar St  Calendar Year-To-Date Purpose of Expenditure Mileage  Name of Federal Candidate Name of Federal Can	ŀ	City State Zip Code	45.00
Purpose of Expenditure Salary Name of Federal Candidate Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Ronald W Ryckman  City Meade  KS 67864  Purpose of Expenditure Mileage Name of Federal Candidate  Name of Federal Candidate  KS 67864  Purpose of Expenditure Mileage  Name of Federal Candidate  Name o			
Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Ronald W Ryckman  Mailing Address 503 N Cedar St  City State  Category/ Meade  KS  67864  Purpose of Expenditure Mileage  Name of Federal Candidate Mr. Greg Orman  Category/ Mr. Greg Orman  Category/ Mr. Greg Orman  Name of Federal Candidate Mr. Greg Orman  Category/ Mr. Greg Orman  Name of Federal Candidate Mr. Greg Orman  Category/ Mr. Greg Orman  Category/ Mr. Greg Orman  Category/ Mr. Greg Orman  Name of Federal Candidate Mr. Greg Orman  Category/ Mr. Greg Orman  Category/ Mr. Greg Orman  Mr		Salany Category/ 001	M = M / D = D / Y = Y = Y
Mr. Greg Orman    Calendar Year-To-Date   President   Senate   State   KS	f	Name of Federal Candidate Support Office	e Sought: House District:00
Per Election for Office Sought  Full Name of Payee Ronald W Ryckman  Mailing Address 503 N Cedar St  City State Zip Code Meade KS 67864  Purpose of Expenditure Mileage  Purpose of Expenditure Mileage  Category/ 002  Name of Federal Candidate  Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Other (specify) ▶  Date of Public Distribution/Dissemination  Transaction ID: 8744f656-3be9-48fb-a  Transaction ID: 8744f656-3be9-48fb-a  Date of Disbursement or Obligation  Transaction ID: 87		Mr. Crass Orman	1/0
Full Name of Payee Ronald W Ryckman  Mailing Address 503 N Cedar St  City State Zip Code Meade KS 67864  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Ms. Emily Buchanan  Date of Public Distribution/Dissemination  M 10 25 2014  Amount  Transaction ID: 8744656-3be9-487b-a Date of Disbursement or Obligation  Transaction ID: 8744656-3be9-487b-a Date of Public Distribution/Dissemination  M 10 25 2014  Amount  Transaction ID: 8744656-3be9-487b-a Date of Disbursement For Date President Orbigation  To Oppose President Senate State: KS  Disbursement For: Primary Seneral  Other (specify)   66.00  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  [Electronically Filed] Date 10 26 2014		dalchidal fedi to Bate	
Mailing Address 503 N Cedar St    Mailing Address 503 N Cedar St	ŀ	Full Name of Payee	
City State Zip Code  KS 67864  Purpose of Expenditure  Mileage    Category/		<u> </u>	
Meade KS 67864  Purpose of Expenditure Mileage  Category/ Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Transaction ID: 8744f656-3be9-48fb-a Date of Disbursement or Obligation  Office Sought: House District: 00 President X Senate State: KS  Disbursement For: Primary X General 2014 Other (specify) ▶  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date  Transaction ID: 8744f656-3be9-48fb-a Date of Disbursement or Obligation  To 25 / 2014		Mailing Address 503 N Cedar St	Amount
Purpose of Expenditure Mileage    Name of Federal Candidate	ŀ	City State Zip Code	21.00
Purpose of Expenditure Mileage    Category/ Type   002			Transaction ID : 8744f656-3be9-48fb-a Date of Disbursement or Obligation
Mr. Greg Orman    Support   College State   College State   Calendar Year-To-Date   Per Election for Office Sought   183442.96   Disbursement For:   Primary   General   2014   Other (specify)   Primary   General   College   Co		Mileage Category/ 002	M M / D D / Y Y Y Y
Mr. Greg Orman    Calendar Year-To-Date   President   Senate   State:   KS	ŀ	Name of Federal Candidate Support Office	e Sought: House District: 00
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures			
(c) TOTAL Independent Expenditures		Calendar Year-To-Date Disk	4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(	a) SUBTOTAL of Itemized Independent Expenditures	66.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(	b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(	c) TOTAL Independent Expenditures	
[Electronically Filed] Date 10 26 2014	٧	vith, or at the request or suggestion of, any candidate or authorized committee or agent of either	
Duto 10 =0 =0 =0 1		[El-+	
		Dutc	

PAGE 89

OF

Schedule E)			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			
			C C00530766
Check if 24-hour report 48-hour report	New re	eport Amends report	filed on Mam / Dab / Yayayay
Full Name of Payee LaVonna A Brown			Date of Public Distribution/Dissemination
Mailing Address 1211 Treaty Rd			10 25 2014
J 1211 Heaty Ru			Amount
City	State	Zip Code	55.00
Delphos	KS	67436	Transaction ID : 5a8ea090-5218-40ac-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 25 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: Primary X General  Other (specify) ▶
Full Name of Payee LaVonna A Brown			Date of Public Distribution/Dissemination
Mailing Adduses			10 25 2014
Mailing Address 1211 Treaty Rd			Amount
City	State	Zip Code	7.20
Delphos	KS	67436	Transaction ID: 1182beae-7f8a-43ba-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 25 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		62.20
(b) SUBTOTAL of Unitemized Independent Exper	nditures	······	
(c) TOTAL Independent Expenditures		······································	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cand party committee) any political party committee or	lidate or authorize	•	
Ms. Emily Buchanan	[Electro	onically Filed] Date	10 26 2014
Signature		Date	

ocricadio	•		FOR SE OF	FORM 24/48
	COMMITTEE (In Full)	FEC I	IDENTIFICATIO	N NUMBER ▼
vvomen	Speak Out PAC	С	C00530766	
Check if $\sum$	24-hour report 48-hour report New report Amends report filed on	M = M	/ D D /	Y = Y = Y = Y
Full Nar	ne of Payee Da	te of Publ	lic Distribution/l	Dissemination
	ony Pearson	10	25	2014
Mailing	Address 112 apache Dr Am	nount		
City	State Zip Code			35.00
Search	AR 72149 <b>Tr</b> a		ID: 359f0c92- oursement or O	
Purpose Salary	of Expenditure  Category/ Type  001	10 M	25	2014
Name o	Federal Candidate Support Office Sou	ught:	House I	District:00
Mr. Mai	k I Prior	- [	X Senate	State: AR
	endar Year-To-Date Election for Office Sought  Disburser 203387.65		Primary	X General
Full Na	ne of Payee Da		specify)	Discomination
	ony Pearson	M M M	/ DISTIBUTION/	2014
Mailing	112 apaono Di	nount		2017
City	State Zip Code			32.10
Search	AR 72149 <b>Trai</b> Da	nsaction te of Disk	ID: c7583b80- oursement or C	<b>7594-4117-8</b> Obligation
Purpose Mileage	of Expenditure Category/	10	25	2014
Name o	f Federal Candidate Support Office Soil	ught:	House	District: 00
Mr. Ma	k L Pryor Oppose Pre	-	X Senate	State: AR
	endar Year-To-Date Election for Office Sought  Disbursen 2014	1	Primary	General
(a) SUB	TOTAL of Itemized Independent Expenditures		7	67.10
(b) SUB	TOTAL of Unitemized Independent Expenditures		7	
(c) TOTA	L Independent Expenditures			
with, or a	nalty of perjury I certify that the independent expenditures reported herein were not made it the request or suggestion of, any candidate or authorized committee or agent of either, or amittee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed] Date 10	/ 26	201	Y
Signa	Date			

PAGE 91

OF

Schedule E)	VI EXI END	ITOTILO		PAGE 92 OF 143 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			1	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y B Y B Y
Full Name of Payee  Jeffrey Hampton			M	f Public Distribution/Dissemination
Mailing Address 1700 E Part Ave			Amoun	10 25 2014 t
City	State	Zin Codo		35.00
Searcy	AR	Zip Code 72149		action ID : 7cea0fa2-654a-42a1-b  f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	10 / 25 / Y 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	2	203387.65	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
Full Name of Payee  Jeffrey Hampton				f Public Distribution/Dissemination
Mailing Address 1700 E Part Ave			Amour	10 25 2014
City	State	Zip Code		9.57
Searcy	AR	72149		ction ID : cd44e3b8-2861-413c-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 25 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	203387.65	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			44.57
(b) SUBTOTAL of Unitemized Independent Expendent	litures			
( ) TOTAL				7 7 7 7
(c) TOTAL Independent Expenditures			· •	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10	26 2014
olynature				

Check if		include Ly	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee   ERIC TABARY	۷۱	romen speak Out PAC	C C00530766
ERIC TABARY  Mailing Address 6101 NORA ST  City State Zip Code 70003  Purpose of Expenditure Salary  Name of Federal Candidate Sought Solary  Calendar Year-To-Date Per Election for Office Sought Solary  City State Zip Code 70001  Name of Payer  Talia J DeGisi  Mailing Address 9513 Beverly Dr  City State Zip Code President (Solar)  Calendar Year-To-Date Purpose of Expenditure Solary  Calendar Year-To-Date Per Election for Office Sought Solary  Calendar Year-To-Date Purpose of Expenditure Solary  Calendar Year-To-Date Purpose of Expenditure Solary  Calendar Year-To-Date Purpose of Expenditure Solary  Calendar Year-To-Date Per Election for Office Sought Solary  Calendar Year-To-Date Per Election for Office Sought Solary  Calendar Year-To-Date Solary	Ch	eck if X 24-hour report 48-hour report New report Amends report filed	
Mailing Address 6101 NORA ST  City State Zip Code METAIRIE LA 70003 Transaction ID: 2241736-7884-062-9 Date of Disbursement or Obligation Senate State: LA 70003 Transaction ID: 2241736-7884-062-9 Date of Disbursement For:	٦	Full Name of Payee	Date of Public Distribution/Dissemination
City State Zip Code Tanasaction ID : 2241736-7886-4062-9 Date of Disbursement or Obligation Ms. Mary L Landrieu Support Office Sought Peresident Senate State: LA Catendar Year-To-Date Per Election for Office Sought Salary Catendry Salary Oppose President Senate State: LA Disbursement For: Office Sought President Senate State: LA Disbursement For: Office Sought Of			
METAIRIE  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Mailing Address  9513 Beverly Dr  City  Slate  Category/ Type  Other (specify)  Mailing Address  9513 Beverly Dr  City  Slate  Category/ Type  Other (specify)  Mame of Federal Candidate  Milling Address  9513 Beverly Dr  Amount  City  Slate  Category/ Overland Park  KS  66207  Name of Federal Candidate  Mr. Greg Orman  Category/ Oppose  Category/ Name of Federal Candidate  Mr. Greg Orman  Category/ Oppose  Category/ Oppose  Disbursement For:  Primary  Amount  Amount  City  Slate  Category/ Oppose  Disbursement or Obligation  Transaction ID: 496-613-658-4683-8  Date of Dublic Distribution/Dissemination  Transaction ID: 496-613-658-4683-8  Date of Disbursement or Obligation  Transaction ID: 496-613-658-4683-8  Date of Dublic Distribution/Dissemination  Transaction ID: 496-613-658-4683-8  Date of Dublic Distribution		Mailing Address 6101 NORA ST	Amount
METAIRIE  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Mailing Address  9513 Beverly Dr  City  Slate  Category/ Type  Other (specify)  Mailing Address  9513 Beverly Dr  City  Slate  Category/ Type  Other (specify)  Mame of Federal Candidate  Milling Address  9513 Beverly Dr  Amount  City  Slate  Category/ Overland Park  KS  66207  Name of Federal Candidate  Mr. Greg Orman  Category/ Oppose  Category/ Name of Federal Candidate  Mr. Greg Orman  Category/ Oppose  Category/ Oppose  Disbursement For:  Primary  Amount  Amount  City  Slate  Category/ Oppose  Disbursement or Obligation  Transaction ID: 496-613-658-4683-8  Date of Dublic Distribution/Dissemination  Transaction ID: 496-613-658-4683-8  Date of Disbursement or Obligation  Transaction ID: 496-613-658-4683-8  Date of Dublic Distribution/Dissemination  Transaction ID: 496-613-658-4683-8  Date of Dublic Distribution		City State Zip Code	70.00
Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Per Election for Office Sought  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Talia J DeGisi  Mailing Address 9513 Beverly Dr  City State Category/ Overland Park  KS 66207  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Greg Orman  Category/ Oppose  President  Support  Office Sought:  Date of Public Distribution/Dissemination  Toli 25 / 2014  Amount  City State Zip Code Overland Park  KS 66207  Transaction ID: dffscf913-c66b-4d63-8  Date of Disbursement or Obligation  Transaction ID: dffscf913-c66b-4d63-8  Date of Disbursement For: Disbursement For: Primary Gener  Gener  Category/ Oppose President  Support  Office Sought: House District: Disbursement For: Primary Gener  Cother (specify)  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concervith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Talia J DeGisi  Malling Address 9513 Beverly Dr  City Overland Park  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Calendar Ye		Salany Category/ 001	M M / D D / Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Talia J DeGisi  Mailing Address 9513 Beverly Dr  City State Zip Code Overland Park KS 66207  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Pe		Name of Federal Candidate Support Office	Sought: House District:00
Per Election for Office Sought  210363.37  Purpose of Expenditure Salary  Category/ Type  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Date Per Election for Per S		Ms. Mary L Landrieu Oppose	President State: LA
Full Name of Payee Talia J DeGisi  Mailing Address g513 Beverty Dr  City State Zip Code Overland Park KS 66207  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concerwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politica party committee) and political party committee or its agent.		Odletidal Teal to Bate	
Mailing Address 9513 Beverly Dr  City State Zip Code Overland Park KS 66207  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Greg Orman  Calegory/ 17/pp 001  Name of Federal Candidate Mr. Greg Orman  Calegory Oppose  President Senate State: KS  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concerwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  Calendar Vear-To-Date Per Election for Office Sought  183442.96  Transaction ID: df9cf913-c66b-4d63-8  Date of Disbursement or Obligation  Transaction ID: df9cf913-c66b-4d63-8  Date of Disbursement or Obligation  Support Office Sought: House District: 00 President Senate State: KS  Disbursement For: Primary Gener 2014 Other (specify) ▶  90.00  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concerwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			Date of Public Distribution/Dissemination
City State Zip Code Overland Park KS 66207  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concerwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Overland Park    Category		Mailing Address 9513 Beverly Dr	Amount
Purpose of Expenditure Salary  Category/ Type  Out  Type  Out  Office Sought: House District: Out  Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Per Election for Office Sought  Assubstantial Independent Expenditures  Other (specify)  Other (specify)  Other (specify)  Other (specify)  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  Category/ Type  Out  Office Sought: House District: Out  No Senate State: KS  Senate State: KS  Other (specify)		City State Zip Code	20.00
Purpose of Expenditure Salary    Category/ Type   O01		Overland Park KS 66207	Transaction ID: df9cf913-c66b-4d63-8 Date of Disbursement or Obligation
Mr. Greg Orman    Support   Support   Miles State:   Sta		Salany Category/ 001	M = M / D = D / Y = Y = Y
Mr. Greg Orman    Calendar Year-To-Date   President   Senate   State: KS		Name of Federal Candidate Support Office	e Sought: House District:00
Calendar Year-To-Date Per Election for Office Sought  183442.96  Disbursement For: Primary Sener 2014  Other (specify)   (a) SUBTOTAL of Itemized Independent Expenditures			
(a) SUBTOTAL of Itemized Independent Expenditures		100110	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		(a) SUBTOTAL of Itemized Independent Expenditures	90.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  **Ms. Emily Buchanan**  **Cluster in the Fit All Section 1. The property of the period of the party of the period of the party of the period of		(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  **Ms. Emily Buchanan**  **Cluster in the Filed**		(c) TOTAL Independent Expenditures	
[Flatterian H. Filall 10 00 00 00 10	١	with, or at the request or suggestion of, any candidate or authorized committee or agent of either	
[Electronically Filed] Date 10 26 2014			
Signature		Bato	

PAGE 93

OF

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed o	n
Full Name of Payee		Date of Public Distribution/Dissemination
Talia J DeĠisi		10 25 / Y 2014
Mailing Address 9513 Beverly Dr		Amount
City	ate Zip Code	3.96
1 · ·	S 66207	Transaction ID : b57e43c5-4e9e-40cc-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 25 7 2014
Name of Federal Candidate	Support Office S	Sought: House District:00
Mr. Greg Orman		President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	183442.96 Disburs 2014	sement For: Primary X General  Other (specify) ▶
Full Name of Payee Xavier Miller	,	Date of Public Distribution/Dissemination
Mailing Address 407 randall Dr		10 25 2014 Amount
City	ate Zip Code	70.00
<b>l</b> '	AR 72143 <b>T</b>	ransaction ID : 7c9608bd-ca1f-44b4-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation  10 25 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Mr. Mark L Pryor		President State: AR
Calendar Year-To-Date Per Election for Office Sought	203387.65 Disburs 2014	sement For:  Primary  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······	73.96
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	1 1 7 1 1 7 1 1 7 1
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	r authorized committee or agent of either,	
Ms. Emily Buchanan	[Electronically Filed] Date 10	M / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

PAGE

94

OF

outcadic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	of Public Distribution/Dissemination
	10 25 2014
Mailing Address 407 randall Dr Amo	punt
City State Zip Code	48.90
Searcy AR 72143 Tran	nsaction ID: 1f33f3f7-b587-46a3-8 of Disbursement or Obligation
Purpose of Expenditure	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Soug	ght: House District: 00
Mr. Mark L Pryor Oppose Presid	dent State: AR
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ent For: Primary
	e of Public Distribution/Dissemination
Mailing Address 117 Cynthia Ave Amo	10 25 2014
City State Zip Code	100.00
	saction ID : ff0615f0-cb51-4d69-a e of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	10 25 / 2014
Name of Federal Candidate Support Office Sough	ght: House District: 00
Mr. Mark L Pryor Oppose Presi	dent State: AR
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	148.90
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	1711711
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (in party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	26 2014
Signature	

PAGE 95

OF

	include Ly			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	/omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M	= M	/ D = D /	Y = Y = Y
$\Box$	Full Name of Payee	Date o	of Pub	lic Distribution/	/Dissemination
	James E Dacus	М	10 <sup>M</sup>	25	2014
	Mailing Address 117 Cynthia Ave	Amour	nt		
ŀ	City State Zip Code		_		12.00
	Farmington AR 72730			ID: 2acb0c9coursement or 0	
	Purpose of Expenditure Mileage  Category/ Type  002		10 M	25	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Mr. Mark L Pryor Oppose	Preside		X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 203387.65  Disbut 2014	irsemen		Primary	General
-				specify)	
	Full Name of Payee Michael Vidrine		и = м	olic Distribution	Y Y Y Y Y
	Mailing Address 1103 West Wilson Street	L	10	25	2014
		Amou	nt		
	City State Zip Code				40.00
		Transa Date of	n <b>ction</b> of Disk	<b>ÍD : 341bbf24-</b> bursement or 0	-a28a-469f-8 Obligation
	Purpose of Expenditure Salary  Category/ Type  O01	M	10	25	2014
	Name of Federal Candidate Support Office	e Sough	ıt:	House	District:00
		Preside		X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 210363.37			Primary specify) ▶	/ Seneral
	(a) SUBTOTAL of Itemized Independent Expenditures				52.00
(	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures			-7-	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	M /	26	D / Y Y 201	4
_	Signature		_ <u>-</u> ~		

PAGE 96

OF

Schedule E)	NI EXI END	ITOTILO	<u> </u>	PAGE 97 OF 143 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Michael Vidrine			M - M /	Distribution/Dissemination
Mailing Address 1103 West Wilson Street			Amount	25 2014
City	State	Zip Code		21.30
Ville Platte	LA	70586	I	2 : ffd87d4f-0690-4a7a-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	2	210363.37	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Jacob W Joosten				Distribution/Dissemination
Mailing Address			10	25 / 2014
Mailing Address 1906 S Pine Apt B			Amount	
City	State	Zip Code		95.00
Pittsburg	KS	66762		: 06754359-b8c4-4def-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose	President X	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7	183442.96	Disbursement For: 2014 Other (spe	Primary General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			116.30
(b) SUBTOTAL of Unitemized Independent Expendent	ditures			
				45
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 26	2014
5.g.iataro				

Schedule E)	II EXI END	ITONES		PAGE 98 OF 143 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			1	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee Jacob W Joosten			M	f Public Distribution/Dissemination
Mailing Address 1906 S Pine Apt B			Amoun	10 25 2014 t
City	Ctata	7:n Code		24.00
City Pittsburg	State KS	Zip Code 66762		24.60 uction ID: 9a9a413e-961f-4203-9 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	10 25 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Greg Orman		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, ,	183442.96	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
Full Name of Payee	-		Date o	f Public Distribution/Dissemination
Theresa a Youngblood				10 25 2014
Mailing Address 102 S Main Street Apt A2			Amour	nt .
City	State	Zip Code		100.00
Berryville	VA	22611		ction ID: 40b39039-2afa-4d8a-9 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 25 / Y 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Greg Orman		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	183442.96	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es			124.60
(b) SUBTOTAL of Unitermized Independent Expendi	tures		. —	
(-,				7 7 7
(c) TOTAL Independent Expenditures			<b>•</b>	4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3				

			FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC	IDENTIFICATION NUMBER ▼
V۷	omen Speak Out PAC	C	C00530766
Che	eck if $X$ 24-hour report 48-hour report $X$ New report $X$ Amends report filed	on M M	/ D D / Y Y Y Y Y
	Full Name of Payee	Date of Pub	olic Distribution/Dissemination
	Philip Elkins	10	25 2014
	Mailing Address 227 Lincoln Dr	Amount	
ŀ	City State Zip Code	· · · ·	30.00
	Bossier City LA 71111		n ID: 66a06f76-01ce-4037-a bursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	10	25 / 2014
ı	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms Mary Llandriau	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbur 210363.37  Disbur 2014	sement For:	Primary
	Full Name of Payee Philip Elkins	Date of Pub	olic Distribution/Dissemination
	Mailing Address 227 Lincoln Dr	10 Amount	25 2014
ŀ	City State Zip Code		9.66
	Bossier City LA 71111		ID: c77a0b09-ace8-4a96-9 bursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10	25 2014
ľ	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Mary L Landrieu Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For:	Primary X General Specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures		39.66
(	(b) SUBTOTAL of Unitemized Independent Expenditures		p
(	(c) TOTAL Independent Expenditures		r
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.		
	Ms. Emily Buchanan  [Electronically Filed] Date  Signature		2014
	Oignaturo ————————————————————————————————————		

PAGE

99

OF

Schedule E)	IDENT EXPEND	ITONES	PAGE 100 OF 143 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour repo	ort New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Carmen Maddrey			10 25 / 2014
Mailing Address 2043 Nottingham Ln			Amount
City	State	Zip Code	30.00
Burlington	NC	27215	Transaction ID : c64c6bbf-e80b-47eb-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 25 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	060524.09	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Carmen Maddrey			10 / 25 / Y Y Y Y Y Y Y
Mailing Address 2043 Nottingham Ln			Amount
City	State	Zip Code	18.00
Burlington	NC	27215	Transaction ID : 5bce9f50-7640-4708-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 25 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1060524.09	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	enditures		48.00
(b) SUBTOTAL of Unitemized Independent E	xpenditures		•
(c) TOTAL Independent Expenditures			·
	candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 26 7 2014
•			

			FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC	IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C	C00530766
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M M	/ D = D / Y = Y = Y
T	Full Name of Payee Patrice Wolfe	Date of Pub	lic Distribution/Dissemination
		10	25 2014
	Mailing Address 9909 Treasure Hill Rd	Amount	
ŀ	City State Zip Code		40.00
	Little Rock AR 72205		ID: dccd6e59-9a89-446f-a pursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	10	25 / 2014
ľ	Name of Federal Candidate Support Office	Sought:	House District: 00
	Mr. Mark L Pryor Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbu 203387.65	rsement For:	Primary ⊠ General
İ	Full Name of Payee Patrice Wolfe	Date of Pub	olic Distribution/Dissemination
-	Mailing Address 9909 Treasure Hill Rd	10 Amount	25 2014
ŀ	City State Zip Code		19.50
	Little Rock AR 72205		ID: 208f7ac0-7917-42a6-a bursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  O02	10 <sup>M</sup>	25 / 2014
ľ	Name of Federal Candidate Support Office	Sought:	House District:00
	Mr. Mark L Pryor Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 203387.65		Primary ⊠ General
(	a) SUBTOTAL of Itemized Independent Expenditures		59.50
(	b) SUBTOTAL of Unitemized Independent Expenditures		4
(	c) TOTAL Independent Expenditures		4 4
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.		
	Ms. Emily Buchanan  [Electronically Filed] Date		2014
	Signature		

PAGE 101

OF

Schedule E)	TI EXI END	ITOTILO		PAGE 102 OF 143 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Todd Ellis			Date of Pub	lic Distribution/Dissemination
Mailing Address P.O. Box 712			10	25 2014
			Amount	
City	State	Zip Code		90.00
Alexander	AR	72002		n ID: 471c6b5e-de26-47cb-9 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	2	203387.65	Disbursement For: 2014 Other (s	Primary
Full Name of Payee	_		Date of Pub	olic Distribution/Dissemination
Todd Ellis			M M 10	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 712			Amount	
City	State	Zip Code		36.90
Alexander	AR	72002		ID: 66ef7c28-5a8b-4f0b-9 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	203387.65	Disbursement For: 2014 Other (	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es			126.90
				7
(b) SUBTOTAL of Unitemized Independent Expend	itures		· •	4
(c) TOTAL Independent Expenditures			•	- 1 - 45 - 1 - 45 - 1
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 26	2014
- 9				

FEC IDENTRICATION NUMBER ▼		neddie E)	FOR SE OF FORM 24/48
Check if    24-hour report			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Ashleyn Thompson  Mailing Address 272 Westgate Ct Apt 6  City State Zip Code Lexington NC 27295  Name of Federal Candidate Ms. Kay Hagan  Mailing Address 272 Westgate Ct Apt 6  City State Zip Code Ms. Kay Hagan  Nopose  Category/ Ashleyn Thompson  Mailing Address 272 Westgate Ct Apt 6  City State Zip Code Ms. Kay Hagan  Name of Federal Candidate Ms. Kay Hagan  Date of Public Distribution/Dissemination  Transaction ID : 7242e121-e3ec-465-9 Date of Disbursement or Obligation  Transaction ID : 7242e121-e3ec-465-9 Date of Disbursement or Obligation  Transaction ID : 7242e121-e3ec-465-9 Date of Disbursement or Obligation  Transaction ID : 7242e121-e3ec-465-9 Date of Disbursement or Obligation  Transaction ID : 7242e121-e3ec-465-9 Date of Disbursement or Obligation  Transaction ID : 7242e121-e3ec-465-9 Date of Disbursement or Obligation  Transaction ID : 725	۷۷	omen Speak Out PAC	C C00530766
Ashley n Thompson  Mailing Address 272 Westgate Ct Apt 6  City State Zip Code Lexington NC 27295  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan Qopose  Per Election for Office Sought 1060524.09  Name of Payee Ashley n Thompson  Mailing Address 272 Westgate Ct Apt 6  City State Zip Code Ashley n Thompson  Mailing Address 272 Westgate Ct Apt 6  City State Zip Code Ashley n Thompson  Mailing Address 272 Westgate Ct Apt 6  City State Zip Code Lexington NC 27295  Name of Federal Candidate Ms. Kay Hagan Qopose  Calendar Year-To-Date Per Election for Office Sought 1060524.09  Name of Federal Candidate Ms. Kay Hagan Qopose  Calendar Year-To-Date Per Election for Office Sought 1060524.09  Disbursement For: Primary Qopose  Transaction ID: 50b3366-0468-4dd2-9  Date of Public Distribution/Dissemination  10 25 2014  Amount  Transaction ID: 50b366-0468-4dd2-9  Date of Public Distribution/Dissemination  10 25 2014  Amount  Category/ Occ Transaction ID: 50b366-0468-4dd2-9  Date of Public Distribution/Dissemination  10 25 2014  Amount  Category/ Occ Transaction ID: 50b366-0468-4dd2-9  Date of Public Distribution/Dissemination  10 25 2014  Amount  Copose Transaction ID: 50b366-0468-4dd2-9  Date of Public Distribution/Dissemination  10 25 2014  Amount  Copose Transaction ID: 50b366-0468-4dd2-9  Date of Public Distribution/Dissemination  10 25 2014  Amount  Copose Transaction ID: 50b366-0468-4dd2-9  Date of Public Distribution/Dissemination  To Copose To Copose To Copose To Copose To Copose To Copose Transaction ID: 50b366-0468-4dd2-9  Date of Public Distribution/Dissemination  10 25 2014  Amount  Copose Transaction ID: 50b366-0468-4dd2-9  Date of Public Distribution/Dissemination  To Copose To Copose To Copose To Copose To Copose To Copose To Copose To Copose To Copose To Copose To Copose To Copose To Copose To Copo	Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Mailing Address 272 Westgate Ct Apt 6  City State Zip Code NC 27295  Purpose of Expenditure Sulpy On1  Name of Federal Candidate Sulpy On1  Full Name of Payee Ashley n Thompson  Mailing Address 272 Westgate Ct Apt 6  City State Zip Code President Senate State: NC Disbursement For: Primary General Per Election for Office Sought  Purpose of Expenditure State: NC Disbursement For: Primary General Per Election for Office Sought  Name of Payee Ashley n Thompson  Mailing Address 272 Westgate Ct Apt 6  City State Zip Code Lexington NC 27295  Purpose of Expenditure Mileage Sulpy Office Sought Transaction ID: 7242e121e0a-4a53-9 Date of Disbursement For: Primary General Per Election for Office Sought State: NC Disbursement For: Primary General Per Election for Office Sought Senate State: NC Disbursement or Obligation Transaction ID: 605936e1-0468-dod2-9 Date of Disbursement or Obligation Senate State: NC Disbursement or Obligation Transaction ID: 605936e1-0468-dod2-9 Date of Disbursement or Obligation Senate State: NC Disbursement or Obligation Senate State: NC Disbursement For: Primary General Per Election for Office Sought Senate State: NC Disbursement For: Primary General Per Election for Office Sought Senate State: NC Disbursement For: Primary General Per Election for Office Sought Senate State: NC Disbursement For: Primary General Per Election for Office Sought Senate State: NC Disbursement For: Primary General Per Election for Office Sought Senate State: NC Disbursement For: Primary Senate State: NC Disbursement For: Primary Senate State: NC Disbursement For: Primary Senate State: NC Disbursement For: Primary Senate State: NC Disbursement For: Primary Senate State: NC Disbursement For: Primary Senate State: NC Disbursement For: Primary Senate State: NC Disbursement For: Primary Senate State: NC Disbursement For: Primary Senate State: NC Disbursement For: Primary Senate State: NC Disbursement For: Primary Senate State: NC Disbursement For: Primary Senate State: NC Disbursement For: Primary Senate State: NC Disburse	П		Date of Public Distribution/Dissemination
City State Zip Code Lexington NC 27295  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Category/ ypp O01  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Thompson  Mailing Address 272 Westgate Ct Apt 6  City State Zip Code Lexington NC 27295  Category/ Thompson  Mailing Address 272 Westgate Ct Apt 6  City State Zip Code Lexington NC 27295  Name of Federal Candidate Misage  Category/ O02  Transaction ID : 7232e 121-00ac-4se63-9 Date of Disbursement or Obligation  Thompson  Date of Public Distribution/Dissemination  Amount  City State Zip Code Lexington NC 27295  Transaction ID : 60b93e-1-0458-4dd2-2 Date of Disbursement For: Primary General  Purpose of Expenditure Misage  Category/ O02  Transaction ID : 60b93e-1-0458-4dd2-2 Date of Disbursement or Obligation  Transaction ID : 60b93e-1-0458-4dd2-2 Date of Disbursement or Obligation  Transaction ID : 60b93e-1-0458-4dd2-2 Date of Disbursement or Obligation  Transaction ID : 60b93e-1-0458-4dd2-2 Date of Disbursement or Obligation  Transaction ID : 60b93e-1-0458-4dd2-2 Date of Disbursement or Obligation  Transaction ID : 60b93e-1-0458-4dd2-2 Date of Disbursement or Obligation  Transaction ID : 60b93e-1-0458-4dd2-2 Date of Disbursement or Obligation  Transaction ID : 60b93e-1-0458-4dd2-2 Date of Disbursement or Obligation  Transaction ID : 60b93e-1-0458-4dd2-2 Date of Disbursement or Obligation  Transaction ID : 60b93e-1-0458-4dd2-2 Date of Disbursement or Obligation  Transaction ID : 60b93e-1-0458-4dd2-2 Date of Disbursement or Obligation  Transaction ID : 60b93e-1-0458-4dd2-2 Date of Disbursement or Obligation  Transaction ID : 60b93e-1-0458-4dd2-2 Date of Disbursement or Obligation  Transaction ID : 60b93e-1-0458-4dd2-2 Date of Disbursement or Obligation  Transaction ID : 60b93e-1-0458-4dd2-2 Date of Disbursement or Obligation  Transaction ID : 60b93e-1-0458-4dd2-2 Date of Disbursement or Obligation  Transaction ID : 60b93e-1-0458-4dd2-2 Date of Disbursement For: Primary Search  Transaction ID		Ashley n Thompson	
Lexington   NC   27295   Transaction ID: 72d2e12d-e0ac-4a63-9   Date of Disbursement or Obligation		Mailing Address 272 Westgate Ct Apt 6	Amount
Lexington   NC   27295   Transaction ID: 72d2e12d-e0ac-4a63-9   Date of Disbursement or Obligation	ŀ	City State Zin Code	45.00
Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Calegory/ Type  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Ashley n Thompson  Mailing Address 272 Westgate Ct Apt 6  City Lexington  NC 27295  Purpose of Expenditure Mileage  Category/ Mileage  Transaction ID: 60b935ef-0468-4dd2-9  Date of Public Distribution/Dissemination  To office Sought  To office Sough			Transaction ID : 72d2e12f-e0ac-4a63-9
Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Ashley n Thompson  Mailing Address 272 Westgate Ct Apt 6  City State Zip Code Lexington NC 27295  Transaction ID : 60b33ef-0468-4dd2-9 Date of Disbursement for:  Date of Public Distribution/Dissemination  Amount  City State Zip Code Lexington NC 27295  Transaction ID : 60b33ef-0468-4dd2-9 Date of Disbursement or Obligation  Name of Federal Candidate Mileage Category/ Type 002  Name of Federal Candidate Ms. Kay Hagan Qoppose  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (c) TOTAL Independent Expenditures  Under penalty of perjury 1 certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emilly Buchanan    Electronically Filed    Date   10   26   2014		Salary Odlegory/ Odl	M M / D D / Y Y Y
Ms. Kay Hagan    Calendar Year-To-Date   President   Senate   State   NC	ľ	Name of Federal Candidate Support Office	Sought: House District: 00
Per Election for Office Sought    1060524.09		Ma Karallanan	
Full Name of Payee Ashley n Thompson  Mailing Address 272 Westgate Ct Apt 6  City State Zip Code Lexington NC 27295  Purpose of Expenditure Mileage Category/ Name of Federal Candidate Ms. Kay Hagan Support  Calendar Year-To-Date Per Election for Office Sought 1060524.09  Category/ Dother Sought: House District: 00  Category/ Doth		4000504.00	
Ashley n Thompson  Mailing Address 272 Westgate Ct Apt 6  City State Zip Code Lexington NC 27295  Purpose of Expenditure Mileage Category/ Name of Federal Candidate Ms. Kay Hagan Support  Calendar Year-To-Date Per Election for Office Sought 1060524.09  Category/ Type 002  Transaction ID : 60b936ef-0468-4dd2-9 Date of Disbursement or Obligation  Transaction ID : 60b936ef-0468-4dd2-9 Date of Disbursement or Obligation  Transaction ID : 60b936ef-0468-4dd2-9 Date of Disbursement or Obligation  Transaction ID : 60b936ef-0468-4dd2-9 Date of Disbursement or Obligation  Transaction ID : 60b936ef-0468-4dd2-9 Date of Disbursement or Obligation  Transaction ID : 60b936ef-0468-4dd2-9 Date of Disbursement or Obligation  Transaction ID : 60b936ef-0468-4dd2-9 Date of Disbursement or Obligation  Transaction ID : 60b936ef-0468-4dd2-9 Date of Disbursement or Obligation  Transaction ID : 60b936ef-0468-4dd2-9 Date of Disbursement or Obligation  Transaction ID : 60b936ef-0468-4dd2-9 Date of Disbursement or Obligation  Transaction ID : 60b936ef-0468-4dd2-9 Date of Disbursement or Obligation  Transaction ID : 60b936ef-0468-4dd2-9 Date of Disbursement or Obligation  Transaction ID : 60b936ef-0468-4dd2-9 Da			
Mailing Address 272 Westgate Ct Apt 6  City State Zip Code NC 27295  Purpose of Expenditure Mileage  Name of Federal Candidate Support Ms. Kay Hagan  Name of Federal Candidate Sought 1060524.09  Calendar Year-To-Date Per Election for Office Sought 1060524.09  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures are represented berein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Amount  Amount  Transaction ID : 60b936ef-0468-4dd2-9 Date 0 Disbursement or Obligation  Transaction ID : 60b936ef-0468-4dd2-9 Date 0 Disbursement or Obligation  Transaction ID : 60b936ef-0468-4dd2-9 Date 0 Disbursement or Obligation  Transaction ID : 60b936ef-0468-4dd2-9 Date 0 Disbursement or Obligation  Transaction ID : 60b936ef-0468-4dd2-9 Date 0 Disbursement or Obligation  Transaction ID : 60b936ef-0468-4dd2-9 Date 0 Disbursement or Obligation  Transaction ID : 60b936ef-0468-4dd2-9 Date 0 Disbursement or Obligation  Transaction ID : 60b936ef-0468-4dd2-9 Date 0 Disbursement or Obligation  Transaction ID : 60b936ef-0468-4dd2-9 Date 0 Disbursement or Obligation  Transaction ID : 60b936ef-0468-4dd2-9 Date 0 Disbursement or Obligation  Transaction ID : 60b936ef-0468-4dd2-9 Date 0 Disbursement or Obligation  Transaction ID : 60b936ef-0468-4dd2-9 Date 0 Disbursement or Obligation  Transaction ID : 60b936ef-0468-4dd2-9 Date 0 Disbursement or Obligation  Transaction ID : 60b936ef-0468-4dd2-9 Date 0 Disbursement or Obligation  Transaction ID : 60b936ef-0468-4dd2-9 Date 0 Disbursement or Obligation  Transaction ID : 60b936ef-0468-4dd2-9 Date 0 Disbursement or Disbursement or Obligation  Transaction ID : 60b936ef-0468-4dd2-9 Date 0 Disbursement or Disbursement or Disbursement or Disbursement or Disbursement or Disbursement or Disbursement or Disbursement or Disbur			M = M / D = D / Y = Y = Y
Lexington NC 27295  Purpose of Expenditure Mileage  Category/ Date of Disbursement or Obligation  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Transaction ID: 60b9346-0468-4dd2-9 Date of Disbursement or Obligation  Category/ Do2		Mailing Address 272 Westgate Ct Apt 6	
Purpose of Expenditure  Mileage    Name of Federal Candidate		City State Zip Code	3.00
Purpose of Expenditure Mileage    Category/ Type   002		Lexington NC 27295	Transaction ID: 60b936ef-0468-4dd2-9 Date of Disbursement or Obligation
Ms. Kay Hagan    Calendar Year-To-Date   President   Senate   State:   NC		Mileage Category/ 002	M = M / D = D / Y = Y = Y
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	ľ	Name of Federal Candidate Support Office	e Sought: House District:00
(a) SUBTOTAL of Itemized Independent Expenditures		Ms. Kay Hagan Oppose	President State: NC
(b) SUBTOTAL of Unitemized Independent Expenditures		2014	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  10  26  2014	(	(a) SUBTOTAL of Itemized Independent Expenditures	48.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(	(b) SUBTOTAL of Unitemized Independent Expenditures	1171171171
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    Mand	(	(c) TOTAL Independent Expenditures	
[Electronically Filed] Date 10 26 2014	١	with, or at the request or suggestion of, any candidate or authorized committee or agent of either	
24.0		[F1 - +	
		2 4.10	

PAGE 103

OF

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report 48-hour report New report Amends report filed		= M	/ D = D /	Y I Y I Y I Y
Т	Full Name of Payee	Date of	of Pub	olic Distribution/	Dissemination
	Randy G Lookabill	М	10 <sup>M</sup>	/ D D /	2014
	Mailing Address 200 Carawood Lane	Amou	nt		
ŀ	City State Zip Code	Г.			45.00
	Lexington NC 27295			n ID : 7763bab6 bursement or C	
•	Purpose of Expenditure Salary  Category/ Type 001		10	/ D D /	2014
ı	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms Kay Hagan	Preside		X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disburger 2014	rsemen		Primary	X General
ŀ	Full Name of Payee			blic Distribution	Discomination
	Randy G Lookabill	Date	10	/ Distribution/	2014
	Mailing Address 200 Carawood Lane	Amou	-	23	2014
ŀ	City State Zip Code				16.50
				ID: 7be3169e-	aca8-4cd7-8
	Purpose of Expenditure Mileage  Category/ Type  002		10 <sup>M</sup>	25	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Ms. Kay Hagan Oppose	Preside	ent	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsemen		Primary	K General
(	(a) SUBTOTAL of Itemized Independent Expenditures	Ľ.			61.50
(	(b) SUBTOTAL of Unitemized Independent Expenditures			<i>-</i>	
(	(c) TOTAL Independent Expenditures			7 7	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 10	M /	26		4
	Signature				

PAGE 104

OF

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report 48-hour report New report	ort Amends report filed on Amends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Stuart T Haley	10 25 2014
Mailing Address 600 W Vine Ave	Amount
City State 2	Zip Code 90.00
<b>1</b> •	72143 Transaction ID : a06bf583-355a-4c50-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 25 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 20	Disbursement For: Primary
Full Name of Payee Stuart T Haley	Date of Public Distribution/Dissemination
	10 25 2014
Mailing Address 600 W Vine Ave	Amount
City State 2	Zip Code 52.50
Searcy AR	72143 Transaction ID : 9b979bd9-fc95-416f-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ 002 10 10 25 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	203387.65 Disbursement For: ☐ Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<b></b>
. , , , , , , , , , , , , , , , , , , ,	reported herein were not made in cooperation, consultation, or concert committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan [Electronic	cally Filed] Date 10 26 2014
Signature	

Seriedule Ly				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D D / Y = Y = Y = Y
Full Name of Payee	_		Date	of Public Distribution/Dissemination
Aaron L Watson				10 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 30217 Crook Rd			Amou	unt
City	State	Zip Code	[	80.00
Cleveland	MO	64734		saction ID: 369791a3-789d-43e9-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 25 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Greg Orman		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		183442.96	Disbursemer 2014	
				Other (specify)
Full Name of Payee Aaron L Watson				of Public Distribution/Dissemination
Mailing Address 30217 Crook Rd			Amou	10 25 2014 unt
City	State	Zip Code	— I	15.90
Cleveland	МО	64734	Transa	action ID : c7a59ba0-c6d4-45e8-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 25 2014
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
Mr. Greg Orman		X Oppose	Presid	lent Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		183442.96	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Exper	nditures		•	95.90
(b) SUBTOTAL of Unitemized Independent Ex	penditures		· •	7 1 7 1 7 1
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M /	26 2014
Signature	<u> </u>			

PAGE 106

OF

Schedule E)	JIII OI 111021 2.122.	11 2/1 2/12	1101120		PAGE 107 OF 143 FOR SE OF FORM 24/48
NAME OF COMMITTEE					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
Check if X 24-hour re	eport 48-hour report	New rep	oort Amends re	port filed on	M = M / D = D / Y = Y = Y
		<u> </u>		3011 133. 111	
Full Name of Payee Jeanne Tribo	u			Dat	ate of Public Distribution/Dissemination
Mailing Address 22	369 Ponderosa Dr.			Am	nount
City		State	Zip Code	-	80.00
Mandeville		LA	70471		ansaction ID : a5d6c14f-acb1-4518-9 ate of Disbursement or Obligation
Purpose of Expendi Salary	ure		Category/ Type 00°	1	10 25 7 2014
Name of Federal Ca	andidate		Support	Office Sou	ought: House District: 00
Ms. Mary L Landrieu	I		X Oppose	Pres	esident Senate State: LA
Calendar Year- Per Election for		2	210363.37	Disbursem 2014	ment For:
Full Name of Payee				Da	ate of Public Distribution/Dissemination
Jeanne Tribou					10 25 2014
Mailing Address	22369 Ponderosa Dr.				
				Am	mount
City		State	Zip Code		19.20
Mandeville		LA	70471	<b>Tra</b> Da	insaction ID: 7808adc2-de10-46aa-a ate of Disbursement or Obligation
Purpose of Expendi Mileage	ture		Category/ Type 002	2	10 / 25 / 2014
Name of Federal Ca			Support	Office Sou	ought: House District: 00
Ms. Mary L Landrie	1		Oppose	Pre	esident X Senate State: LA
Calendar Year- Per Election fo	To-Date r Office Sought	7 1 7	210363.37	Disbursen 2014	ment For:
(a) SUBTOTAL of Ite	emized Independent Expenditu	res		▶	99.20
(b) SUBTOTAL of U	nitemized Independent Expend	litures		▶	
(c) TOTAL Independ	ent Expenditures			···· <b>•</b>	
with, or at the reques		date or authorized			in cooperation, consultation, or concert (if the reporting entity is not a political
Ms. Emil	y Buchanan	[Electron	nically Filed] Da	ate 10	26 2014
Signature			_		

Schedule E)	IN EXICIO	HONES		PAGE 108 OF 143 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	c Distribution/Dissemination
Avery Watson			10	25 / 2014
Mailing Address 30217 Crook Rd			Amount	
City	State	Zip Code		100.00
Cleveland	MO	64734		ID: 2491cedf-577a-4042-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, , ,	183442.96	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Avery Watson			10	25 2014
Mailing Address 30217 Crook Rd			Amount	
City	State	Zip Code		13.20
Cleveland	MO	64734		D: 6195d846-0bba-4d1e-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	25 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 7	183442.96	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expendi	tures			113.20
,, ,				7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· <b>&gt;</b>	
(c) TOTAL Independent Expenditures			•	1 1 7 1 1 7 1
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any cancer party committee) any political party committee or	idate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 26	2014

Schedule E)	VI EXI END	ITORES		PAGE 109 OF 143 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee April A Watson				rublic Distribution/Dissemination
Mailing Address 30217 Crook Rd			10	25 / 2014
SSE IT GIOGRITA			Amount	
City	State	Zip Code		100.00
Cleveland	МО	64734		ion ID: bae4045b-2b78-4c02-9 bisbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	25 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	183442.96	Disbursement For 2014 Other	or: Primary X General  r (specify) ▶
Full Name of Payee			Date of F	Public Distribution/Dissemination
April A Watson			M 10	
Mailing Address 30217 Crook Rd			Amount	
City	State	Zip Code		14.40
Cleveland	MO	64734		on ID: 158a1d6f-7ad3-469d-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 7	183442.96	Disbursement For 2014 Other	or:
(a) SUBTOTAL of Itemized Independent Expenditu	res			114.40
(1) OUDTOTAL (11):				
(b) SUBTOTAL of Unitemized Independent Expendent	itures		•	4
(c) TOTAL Independent Expenditures			<b>•</b>	7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	4.0	26 2014
Gigilature				

•	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New	report Amends report filed on Man / Dan / Yanyany
Full Name of Payee Angela D Soots	Date of Public Distribution/Dissemination
	10 / 25 / Y 2014
Mailing Address 1481 Neighborly PI	Amount
City State	Zip Code 70.00
Lenoir NC	28645 Transaction ID : c8aba1ff-652d-488b-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 25 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee Hannah M Clark  Mailing Address 1412 Edgemoor Dr	Date of Public Distribution/Dissemination  10 25 2014  Amount
City State	Zip Code 70.00
El Dorado KS	67042 Transaction ID : 14d47104-a838-4d20-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 25 25 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Greg Orman	Oppose President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>
(c) TOTAL Independent Expenditures	<b>•</b>
	ures reported herein were not made in cooperation, consultation, or concert rized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan [Elec	etronically Filed] Date 10 26 2014
Gigilatule	

PAGE 110

OF

Schedule E)	VI EXI END	ITOTILO		PAGE 111 OF 143 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Hannah M Clark			10	25 / 2014
Mailing Address 1412 Edgemoor Dr			Amount	
City	State	Zip Code		7.50
El Dorado	KS	67042		on ID: 967b2d8b-d995-486e-9 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	25 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7	183442.96	Disbursement For 2014 Other	: Primary X General
Full Name of Payee	_		Date of Pu	ublic Distribution/Dissemination
Marilyn Galliardt			10	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 410 Wedgewood Ct			Amount	
City	State	Zip Code		50.00
Hesston	KS	67062		n ID : 7d0ac13a-0341-43cc-8 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 10	25 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	183442.96	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expenditure	'es		<b>&gt;</b>	57.50
(b) SUBTOTAL of Unitemized Independent Expend	itures		<b>•</b>	7 1 27 1 25
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 20	
-				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if $X$ 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	of Public Distribution/Dissemination
	10 25 2014
Mailing Address 410 Wedgewood Ct Amo	unt
City State Zip Code	18.00
Hesston KS 67062 Tran	saction ID : 12c5a04e-a762-4f73-b of Disbursement or Obligation
Purpose of Expenditure	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Soug	ht: House District: 00
Mr. Greg Orman Oppose Presid	
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	nt For:
	of Public Distribution/Dissemination
Mailing Address 4545 S Gold Amo	10 25 2014
Allio	unt
City State Zip Code	55.00
Date	saction ID: 60265842-b60e-4aa1-8 of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 / 25 / 2014
Name of Federal Candidate Support Office Sough	ht: House District: 00
Mr. Greg Orman Oppose President	
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ent For: ☐ Primary ☐ General  Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	73.00
(b) SUBTOTAL of Unitemized Independent Expenditures	171717
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	26 2014
Signature	

PAGE 112

OF

Schedule E)	LIVI EXI END	HONES		GE 113 OF 143 PR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	TIFICATION NUMBER ▼
Women Speak Out PAC			C coo	530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	/ Y = Y = Y = Y
Full Name of Payee Jennifer Cheever			M M / E	stribution/Dissemination
Mailing Address 4545 S Gold			10 Amount	25 2014
City.	Chaha	7: Cada		42.00
City Wichita	State KS	Zip Code 67217		13.80 1e904c52-11c1-4c31-a ment or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose		Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		183442.96	Disbursement For:  2014  Other (specify)	Primary
Full Name of Payee			Date of Public Di	stribution/Dissemination
Michael Terry			10	25 2014
Mailing Address 936 S Cypress			Amount	
City	State	Zip Code		55.00
Wichita	KS	67207		6dfb985-8fff-4a9d-8 ment or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose		Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		183442.96	Disbursement For: 2014 Other (specif	Primary
(a) SUBTOTAL of Itemized Independent Expen	ditures			68.80
(b) SUBTOTAL of Unitemized Independent Exp	enditures			7 1 7
(a) Colored or Crimering and Independent 2/1			7	7
(c) TOTAL Independent Expenditures			<b>)</b>	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 26	2014
S.g. accio				

	neddie E)			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
V۱	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M	- M	/ D = D /	Y W Y W Y
Т	Full Name of Payee	Date o	of Pub	lic Distribution	/Dissemination
	Shelbi L Randall		10 <sup>M</sup>	/ D D /	2014
	Mailing Address 202 East Park Ave Apt 40	Amour	nt		
-	City State Zip Code	Γ.			70.00
	Searcy AR 72143			n ID : c8987006 bursement or (	6-2e2d-4443-b
	Purpose of Expenditure Salary  Category/ Type 001	М	10 <sup>M</sup>	25	2014
ľ	Name of Federal Candidate Support Office	Sought	t:	House	District:00
	Mr. Mark L Pryor Oppose	Preside		X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	ırsement		Primary	General
ŀ				specify)	/Diagramia ii
	Full Name of Payee  Jonathan P Barnell		I = М	olic Distribution	Y = Y = Y
	Mailing Address 3847 SW Atwood Terrace	Amour	10 nt	25	2014
-	City State Zip Code	_	-		41.50
	,			ID: ee37d389 bursement or (	
	Purpose of Expenditure Salary  Category/ Type 001	M	10	25	2014
	Name of Federal Candidate Support Office	e Sought	t:	House	District:00
	H 0 0	Preside		X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014			Primary	General
(	(a) SUBTOTAL of Itemized Independent Expenditures			7	111.50
(	(b) SUBTOTAL of Unitemized Independent Expenditures				1 1 4
(	(c) TOTAL Independent Expenditures				
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 10	M /	26		4
	Signature		_ <u>_</u> _		

PAGE 114

OF

FEC IDENTIFICATION NUMBER   FEC IDENTIFICATION NUMBER   FEC IDENTIFICATION NUMBER   Concept		include Ly	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Taylor N Randall  Mailing Address 2002 E Park Ave Apt 40  City State Zip Code Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  City State Zip Code AR 72143  Name of Federal Candidate Mailing Address 2002 E Park Ave Apt 40  City State Zip Code AR 72143  Category' 001  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Category' AR 72143  Date of Public Distribution/Dissemination  Taylor N Randall  Taylor N Randall  Date of Public Distribution/Dissemination  Taylor N Randall  Date of Public	۷۱	vomen Speak Out PAC	C C00530766
Taylor N Randall  Mailing Address 2002 E Park Ave Apt 40  City State Zip Code Sastry AR 72143  Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Mailing Address 2002 E Park Ave Apt 40  City State Zip Code  Taylor N Randall  Mailing Address 2002 E Park Ave Apt 40  City State Zip Code  Sastry AR 72143  Date of Public Distribution/Dissemination  Taylor N Randall  Mailing Address 2002 E Park Ave Apt 40  City State Zip Code  Searcy AR 72143  Name of Federal Candidate  Mr. Mark L Pryor  Name of Federal Candidate  Mr. Mark L Pryor  Category O02  Name of Federal Candidate  Mr. Mark L Pryor  Category O02  Name of Federal Candidate  Mr. Mark L Pryor  Category O02  Name of Federal Candidate  Mr. Mark L Pryor  Category O02  Name of Federal Candidate  Mr. Mark L Pryor  Category O02  Name of Federal Candidate  Mr. Mark L Pryor  Category O02  Name of Federal Candidate  Mr. Mark L Pryor  Category O02  Name of Federal Candidate  Mr. Mark L Pryor  Category O02  Name of Federal Candidate  Mr. Mark L Pryor  Category O02  Name of Federal Candidate  Mr. Mark L Pryor  Category O02  Name of Federal Candidate  Mr. Mark L Pryor  Category O02  Name of Federal Candidate  Mr. Mark L Pryor  Mr. Mark L	Che	eck if 24-hour report 48-hour report New report Amends report filed	
Mailing Address 2002 E Park Ave	$\neg$	Full Name of Payee	Date of Public Distribution/Dissemination
Apt 40  City State Zip Code Transaction ID: 2d3cc6s-1775-498b-a Date of Disbursement or Obligation Purpose of Expenditure Salary Oppose President Senate State: AR Disbursement Or Obligation Per Election for Office Sought 2014 Other (specify) Transaction ID: 2d3cc6s-1775-498b-a Date of Disbursement or Obligation Office Sought Induse District: 00 President Senate State: AR Disbursement For: Primary General Per Election for Office Sought 2014 Other (specify) Transaction ID: 2d3cc6s-1775-498b-a Date of Disbursement or Obligation Office Sought President Senate State: AR Disbursement For: Primary General Per Election for Office Sought Senate State: Ar Disbursement For: Primary General Taylor N Randall  Mailing Address 2002 E Park Ave Apt 40  City State Zip Code AR 72143  Purpose of Expenditure Mileage Category 002  Name of Federal Candidate Senate State: AR Disbursement or Obligation Disbursement or Obligation Disbursement or Obligation Disbursement or Obligation Disbursement or Obligation Disbursement or Obligation Disbursement or Obligation Disbursement or Obligation Disbursement or Obligation Disbursement or Obligation Disbursement or Obligation Disbursement or Obligation Disbursement or Obligation Disbursement or Obligation Disbursement or Obligation Disbursement or Obligation Disbursement or Obligation Disbursement Office Sought Disbursement Office Sought Disbursement Office Disbursement		· ·	
City State Zip Code Searcy AR 72143  Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Mark L Pryor  Full Name of Payee Taylor N Randall  Mailing Address Apt 40  City State Zip Code Apt 40  City State Zip Code Apt 40  City State Zip Code Apt 40  City State Zip Code Apt 40  Crain State Apt 40		Mailing Address 2002 E Park Ave	Amount
Searcy AR 72143  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Category/ Type 001  Name of Federal Candidate Mr. Mark L Pryor  Category/ Oppose  President Senate State: AR  Calendar Year-To-Date Por Election for Office Sought  Purpose of Expenditure  Apt 40  City State Zip Code Searcy AR 72143  Purpose of Expenditure Mileage  Name of Federal Candidate  Support  Office Sought: House District: 00  President Senate State: AR  Calendar Year-To-Date Per Election for Office Sought  203387.65  Disbursement For: Primary General  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Disbursement for: Primary General  Calendar Year-To-Date Per Election for Office Sought  Disbursement for: Primary General  Calendar Year-To-Date Per Election for Office Sought  Disbursement for: Primary General  Calendar Year-To-Date Per Election for Office Sought  Disbursement for: Primary General  Calendar Year-To-Date Per Election for Office Sought  Disbursement for: Primary General  Calendar Year-To-Date Per Election for Office Sought  Disbursement for: Primary General  Calendar Year-To-Date Per Election for Office Sought  Disbursement for: Primary General  Category/  Disbursement for: Primary Gener		·	
Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Malling Address Searcy  AR  Purpose of Expenditure Mileage  Name of Federal Candidate  Ar  Catendar Year-To-Date Ar  Calendar Searcy  AR  Total  Catendar Year-To-Date Ar  Catendar Year-To-Date Purpose of Expenditure Mileage  Catendar Year-To-Date Per Election for Office Sought  Catendar Year-To-		-	Transaction ID : 2d3cc6e3-1775-4b8b-a
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Taylor N Randall  Mailing Address 2002 E Park Ave Apt 40  City State Zip Code Searcy AR 72143  Purpose of Expenditure Mileage Category/ Mileage Calendar Year-To-Date Per Election for Office Sought  Name of Pederal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: 4e0b5498-0b1d-4043-b Date of Disbursement or Obligation  Office Sought: House District: 00 President X senate State: AR  Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary X General  Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary X General  Other (specify) ▶  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date  10 Other (specify) ▶		Salany Odtegory/	M M / D D / Y Y Y Y
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought President  Calendar Year-To-Date Per Election for Office Sought President  Calendar Year-To-Date Per Election for Office Sought President  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Taylor N Randall  Mailing Address  2002 E Park Ave Apt 40  City Searcy AR  72143  Purpose of Expenditure Mileage  Category/ Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per El		Name of Federal Candidate Support Office	Sought: House District: 00
Per Election for Office Sought    203387.65		Ma Madel I Dress	
Full Name of Payee Taylor N Randall  Mailing Address 2002 E Park Ave Apt 40  City State Zip Code Searcy AR 72143  Purpose of Expenditure Mileage Category/ Mileage Support Office Sought House District: 00  Mr. Mark L Pryor Soppose President Senate State: AR  Calendar Year-To-Date Per Election for Office Sought 203387.65  Calendar Year-To-Date Other (specify) Primary General Category/ Other (specify) Primar		Odichal Teal to Bate	
Taylor N Randall  Mailing Address 2002 E Park Ave Apt 40  City State Zip Code Searcy AR 72143  Purpose of Expenditure Mileage Category/ Name of Federal Candidate Mr. Mark L Pryor Soppose President Senate State: AR  Calendar Year-To-Date Per Election for Office Sought 203387.65  Calendar Year-To-Date President 203387.65  Calendar Year-T	ļ		
Mailing Address 2002 E Park Ave Apt 40  City State Zip Code Searcy AR 72143  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate Support Mr. Mark L Pryor Sought 20387.65  Calendar Year-To-Date Per Election for Office Sought 20387.65  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.    Ms. Emily Buchanan   Electronically Filed    Date   10   26   2014     Date   10   26   2014     Date   2014			M = M / D = D / Y = Y = Y
City State Zip Code Searcy AR 72143  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate Support Office Sought: House District: 00  Mr. Mark L Pryor Sought Senate State: AR  Calendar Year-To-Date Per Election for Office Sought 203387.65  Calendar Year-To-Date Per Election for Office Sought 203387.65  (a) SUBTOTAL of Itemized Independent Expenditures P9.25  (b) SUBTOTAL of Unitemized Independent Expenditures P9.25  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		- 2002 ET dik/100	
Searcy AR 72143  Purpose of Expenditure Mileage  Category/ Type  Over Type  O		·	20.25
Purpose of Expenditure Mileage    Category   Type   002			Transaction ID : 4e0b5498-0b1d-4043-b
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  203387.65  Disbursement For: Primary General Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures		Mileage Calegory/ 002	M M / D D / Y Y Y Y
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures		Name of Federal Candidate Support Office	e Sought: House District: 00
Calendar Year-To-Date Per Election for Office Sought  203387.65  Disbursement For: Primary 2014  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures			
(c) TOTAL Independent Expenditures		Calendar Year-To-Date Disbu	ursement For: Primary X General
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    M M M		(a) SUBTOTAL of Itemized Independent Expenditures	99.25
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  **Ms. Emily Buchanan**  [Electronically Filed]  Date    The property of the prope	(	(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    Man	(	(c) TOTAL Independent Expenditures	
[Electronically Filed] Date 10 26 2014	١	with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe	
Factor 10 and 10		[E1 - 4 1 1 - 1 - 1 - 1 - 1 -	
		Buto	

PAGE 115

OF

	FOR SE OF FORM 24/48
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
check if X 24-hour report 48-hour report New report Amends report filed	d on M M M / D D / Y Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Clay A McCreary	10 25 / Y Y Y Y Y
Mailing Address 1762 Orchard Drive	Amount
City State Zip Code	20.00
Lenoir NC 28645	Transaction ID : 3d1c3eee-6b13-4578-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	10 25 / Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disb	pursement For: Primary General
Full Name of Payer	Other (specify)
Full Name of Payee Kevin L Battle	Date of Public Distribution/Dissemination  10 25 2014
Mailing Address 3300 Asher Ave	Amount
City State Zip Code	90.00
Little Rock AR 72204	Transaction ID : 9ed9f6a6-b115-4cae-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	10 25 / Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Dist 203387.65	oursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Bato	10 26 2014
Signature	

PAGE 116

OF

Ochedale E)							FOR SE OF	FORM 24/48
NAME OF COMMITTEE						FEC I	IDENTIFICATION	ON NUMBER ▼
Women Speak (	Jut PAC					С	C00530766	
Check if 24-hour re	port 48-hour report	New repo	ort Am	nends repo	rt filed or	n M = M	/ D D /	Y I Y I Y
Full Name of Payee						Date of Publ	lic Distribution/	Dissemination
Kevin L Battle						10	/ D D /	2014
Mailing Address 330	00 Asher Ave				A	Amount		
City		State	Zip Code					54.00
Little Rock		AR	72204				ID: 87aa8555 oursement or C	
Purpose of Expendit Mileage	ure		Category/ Type	002		M M M	25	2014
Name of Federal Ca	ındidate		<u> </u>	Support	Office S	Sought:	House	District: 00
Mr. Mark L Pryor			X	Oppose	Р	resident	X Senate	State: AR
Calendar Year-1 Per Election for		2	03387.65		Disburse 2014	ement For:	Primary specify) ▶	X General
Full Name of Payee Marsha Barne		,,			1	Date of Pub	lic Distribution	
						10	25	2014
Mailing Address	8847 SW Atwood Terrace				4	Amount		
City		State	Zip Code					41.50
Topeka		KS	66610				ID: 0883735doursement or 0	
Purpose of Expendi Salary	ture		Category/ Type	001		10	25	2014
Name of Federal Ca	andidate			Support	Office S	Sought:	House	District:00
Mr. Greg Orman			X	Oppose	P	resident	Senate	State: KS
Calendar Year- Per Election for		7	183442.9	6	Disburs 2014	ement For: Other (s	Primary	General
(a) SUBTOTAL of Ite	mized Independent Expenditure	s			• [		1 1 7	95.50
(b) SUBTOTAL of Un	nitemized Independent Expendito	ures			•			
(c) TOTAL Independent	ent Expenditures				• [		7	
with, or at the reques	ury I certify that the independe t or suggestion of, any candida political party committee or its	te or authorized						
Ms. Emil	y Buchanan	[Electroni	cally Filed]	Date	10	/ DIE	201	4
Signature								

PAGE 117

OF

Women Speak Out PAC  C c00530766	ochedule Ly					FOR SE OF	FORM 24/48
C C00530766  Check if	NAME OF COMMITTEE (In Full)				FEC	IDENTIFICATION	ON NUMBER ▼
Full Name of Payee Marsha Barnell  Mailing Address 3847 SW Atwood Terrace  City State Zip Code Transaction ID : 4(8a1687-b982-4468-a) Date of Public Distribution/Dissemination  Milling Address 3847 SW Atwood Terrace  City State Zip Code Transaction ID : 4(8a1687-b982-4468-a) Date of Disbursement or Obligation  Mileage Support Office Sought: House District: 00 Mr. Greg Orman Support Office Sought: House District Support Office Sought: House District Support Office Sought: House District Support Suppo	vvomen Speak Out PAC				С	C00530766	
Mariling Address 3847 SW Anwood Terrace  City State Zip Code KS 66610  Purpose of Expenditure Mileage  Name of Federal Candidate  Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Reaghan Waites  City State Zip Code President Senate State: KS  Calendar Year-To-Date Per Election for Office Sought  Name of Payee Reaghan Waites  Calendar Year-To-Date Purpose of Expenditure Salary  Name of Federal Candidate  Mailing Address 9805 St Stephens Ct  City State Zip Code Ms. Kay Hagan  NC 27615  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  NC 27615  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  NC 27615  Disbursement For: Primary Ceneral  Tansaction ID: ef8a1c57-b982-44e9-a Date of Disbursement or Obligation  Tansaction ID: ef8a1c57-b982-44e9-a Date of Debursement For: 00  Transaction ID: ef8a1c57-b982-44e9-a Date of Debursement For: Primary Ceneral  Total Composition  Total Composition  Total Composition  Tansaction ID: ef8a1c57-b982-44e9-a Date of Debursement For: 00  Transaction ID: ef8a1c57-b982-44e9-a Date of Debursement For: 00  Transac	Check if 24-hour report 48-hour report	New repo	ort Amends rep	port filed on		/ D D /	Y = Y = Y = Y
Mailing Address 3847 SW Atwood Terrace  City State Zip Code KS 66610 Topeka KS 66610 Topeka KS 66610 Topeka KS 66610 Topeka KS 66610 Topeka KS 66610 Topeka KS 66610 Topeka KS 66610 Topeka KS 66610 Transaction ID : ef8a1c67-b962-4469-0 Date of Disbursement or Obligation  Mr. Greg Orman	Full Name of Payee			D	ate of Pub	lic Distribution/	Dissemination
City State Zip Code Topeka KS 66610  Topeka KS 66610  Name of Federal Candidate Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Mailing Address 9805 St Stephens Ct  City State Zip Code Raleigh NC 27615  Purpose of Expenditure  Mailing Address 9805 St Stephens Ct  City State Zip Code Raleigh NC 27615  Purpose of Expenditure  Category/ Typo 002  Transaction ID: ef8a1c674962-4469-a Date of Disbursement or Obligation  To 25							
Topeka KS 66610  Purpose of Expenditure Mileage  Category/ Name of Federal Candidate Miling Address 9805 St Stephens Ct  City State Zip Code Raleigh NC 27615  Purpose of Expenditure Salary  Name of Federal Candidate NC 27615  Name of Federal Candidate NC 27615  Name of Federal Candidate NC 27615  Category/ Type  Out  Transaction ID : ef8a1c87-b962-44e9-a Date of Disbursement or Obligation  Transaction ID : ef8a1c87-b962-44e9-a Date of Disbursement or Obligation  NC 2014  Other (specify)   Transaction ID : f10 25 2014  Amount  City State Zip Code Raleigh NC 27615  Purpose of Expenditure Salary  Category/ Type  Out  Transaction ID : f1414497-da18-4e74-a Date of Public Distribution/Dissemination  Transaction ID : f1414497-da18-4e74-a Date of Disbursement or Obligation  Transaction ID : f1414497-da18-4e74-a Date of Disbursement or Obligation  Transaction ID : f1414497-da18-4e74-a Date of Disbursement or Obligation  Transaction ID : f1414497-da18-4e74-a Date of Disbursement or Obligation  Transaction ID : f1414497-da18-4e74-a Date of Disbursement or Obligation  Transaction ID : f1414497-da18-4e74-a Date of Disbursement For:   Mailing Address 3847 SW Atwood Terrace			A	mount			
Topeka KS 66610  Purpose of Expenditure Mileage  Category/ Name of Federal Candidate Miling Address 9805 St Stephens Ct  City State Zip Code Raleigh NC 27615  Purpose of Expenditure Salary  Name of Federal Candidate NC 27615  Name of Federal Candidate NC 27615  Name of Federal Candidate NC 27615  Category/ Type  Out  Transaction ID : ef8a1c87-b962-44e9-a Date of Disbursement or Obligation  Transaction ID : ef8a1c87-b962-44e9-a Date of Disbursement or Obligation  NC 2014  Other (specify)   Transaction ID : f10 25 2014  Amount  City State Zip Code Raleigh NC 27615  Purpose of Expenditure Salary  Category/ Type  Out  Transaction ID : f1414497-da18-4e74-a Date of Public Distribution/Dissemination  Transaction ID : f1414497-da18-4e74-a Date of Disbursement or Obligation  Transaction ID : f1414497-da18-4e74-a Date of Disbursement or Obligation  Transaction ID : f1414497-da18-4e74-a Date of Disbursement or Obligation  Transaction ID : f1414497-da18-4e74-a Date of Disbursement or Obligation  Transaction ID : f1414497-da18-4e74-a Date of Disbursement or Obligation  Transaction ID : f1414497-da18-4e74-a Date of Disbursement For:   City	State	Zip Code	<u> —</u> Г			6.60	
Purpose of Expenditure Mileage  Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Reaghan Waites  City State Salary  Name of Federal Candidate NC  Category/ Type  Oppose  Date of Public Distribution/Dissemination  Tansaction ID: f1414497-da18-4e74-a Date of Disbursement or Obligation  Tansaction ID: f1414497-da18-4e74-a Date of Disbursement ID: f1414497-da18-4e74-a Date of Disbursement ID: f1414497-da18-4e74-a Date of Disbursement ID: f1414497-da18-4e74-a Date of Disbursement ID: f1414497-da18-4e74-a Date of Disbursement ID: f1414497-da18-4e74-a Date of Disbursement ID: f1414497-da18-4e74-a Date of Disbursement ID: f1414497-da18-4e74-a Date of Disbursement ID: f1414497-da18-4e74-a Date of Disbursement ID: f1414497-da18-4e74-a Date of Disbursement ID: f1414497-da18-4e74-a Date of Disbursement ID: f1414497-da18-4e74-a Date of Disbursement ID: f1414497-da18-4e74-a Date of Disbursement ID: f1414497-da18-4e74-a Date of			·				
Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Reaghan Waites  Mailing Address g805 St Stephens Ct  City State Zip Code Raleigh NC 27615  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  NC 27615  Support Office Sought: House Distribution/Dissemination  Mailing Address g805 St Stephens Ct  Amount  City State Zip Code Raleigh NC 27615  Transaction ID : f1414897-dat8-4674-a Date of Disbursement or Obligation  District: O0  Ms. Kay Hagan  Category/ Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Other (specify) ▶  Calendar Year-To-Date Per Election for Office Sought  Other (specify) ▶  Calendar Year-To-Date Per Election for Office Sought  Other (specify) ▶  Calendar Year-To-Date Per Election for Office Sought  Other (specify) ▶  Calendar Year-To-Date Per Election for Office Sought  Index penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date				_	M = M	/ D D /	Y Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Reaghan Waites    Full Name of Payee	Name of Federal Candidate		Support	Office So	ought:	House	District: 00
Per Election for Office Sought  Full Name of Payee Reaghan Waites  Mailing Address 9805 St Stephens Ct  City State Zip Code Raleigh NC 27615  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office So	Mr. Greg Orman				_	X Senate	State: KS
Full Name of Payee Reaghan Waites  Mailing Address 9805 St Stephens Ct  City State Zip Code Raleigh NC 27615  Purpose of Expenditure Salary Office Sought: House District: 00  Ms. Kay Hagan Soppose President Senate State: NC  Calendar Year-To-Date Per Election for Office Sought 1060524.09  Calendar Year-To-Date Per Election for Office Sought 1060524.09  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Ms. Emily Buchanan  [Electronically Filed] Date of Public Distribution/Dissemination 10 10 10 25 2014  Amount  Transaction ID: 1141497-da18-4e74-a Date 20.00  Transaction ID: 1141497-da18-4e74-aDate 20.00  Transaction ID: 1141497-da18-4e74-aDate 20.00  Tr	I	1	83442.96		$\neg$		General
Reaghan Waites  Mailing Address 9805 St Stephens Ct  City State Zip Code Raleigh NC 27615  Purpose of Expenditure Salary Category/ Type 001  Name of Federal Candidate Support NS. Kay Hagan Soppose President Senate State: NC Calendar Year-To-Date Per Election for Office Sought Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  (c) TOTAL Independent Expenditures or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  (Electronically Filed) Date 10 25 2014  Amount  Category/  Transaction ID: 11414497-da18-4e74-a  Date 0 Disbursement or Obligation  Transaction ID: 114							Dissemination
Mailing Address 9805 St Stephens Ct  City State Zip Code Raleigh NC 27615  Purpose of Expenditure Salary  Name of Federal Candidate State					M = M	/ D D /	Y Y Y Y Y
Raleigh  Purpose of Expenditure  Salary  Category/ Type  Oo1  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Transaction ID: f1414497-da18-4e74-a Date of Disbursement or Obligation  Transaction ID: f1414497-da18-4e74-a Date of Disbursement or Obligation  Transaction ID: f1414497-da18-4e74-a Date of Disbursement or Obligation  To Disbursement For:  Primary General  Other (specify)  26.60  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	Mailing Address 9805 St Stephens Ct			A			
Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Date of Disbursement or Obligation  Office Sought:  House District: 00  President X Senate State: NC  Disbursement For: Primary X General  2014  Other (specify) >  Calendar Year-To-Date Per Election for Office Sought  Other (specify) >  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	City	State	Zip Code				20.00
Purpose of Expenditure Salary    Category/ Type		NC	27615	D	ansaction ate of Dist	ID: f1414497-d bursement or C	da18-4e74-a Obligation
Ms. Kay Hagan    Calendar Year-To-Date   President   Senate   State:   NC					M = M	/ D D /	YYYY
Ms. Kay Hagan    Calendar Year-To-Date   President   Senate   State:   NC	Name of Federal Candidate		Support	Office So	ought:	House	District: 00
Per Election for Office Sought  1060524.09  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures	Ms. Kay Hagan				_		NO
(c) TOTAL Independent Expenditures		7 7	1060524.09		$\neg$		General
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(a) SUBTOTAL of Itemized Independent Expenditure	es		··· <b>\</b>		7	26.60
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(b) SUBTOTAL of Unitemized Independent Expendi	itures		··· • [			
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date	(c) TOTAL Independent Expenditures			···· <b>•</b> [			
[Electronically Filed] Date 10 26 2014	with, or at the request or suggestion of, any candida	ate or authorized					
Duto 10 =0 =0 =0 1	Ms. Emily Buchanan	[Electroni	ically Filed]				
	Signature						

PAGE 118

OF

	medule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
٦	Full Name of Payee	Date of Public Distribution/Dissemination
١	Reaghan Waites	10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 9805 St Stephens Ct	Amount
	City State Zip Code	2.10
	Raleigh NC 27615	Transaction ID : b889be8c-e82a-4347-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District: 00
١	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary X General
١		Other (specify) -
	Full Name of Payee  Carl Brent	Date of Public Distribution/Dissemination
	Mailing Address 6718 Lake Willow Dr	10 25 2014 Amount
1	City State Zip Code	80.00
١	New Orleans LA 70126	Transaction ID: 62d5b805-7d55-471a-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	10 / 25 / 2014
1	Name of Federal Candidate Support Office	e Sought: House District:00
١	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 210363.37	orsement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	82.10
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	
	Signature	

PAGE 119

OF

Schedule E)	I LAPLIND	ITONES		PAGE 120 OF 143 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Carl Brent			Date of Pu	blic Distribution/Dissemination
Mailing Address 6718 Lake Willow Dr			10	25 2014
			Amount	
City	State	Zip Code		12.30
New Orleans	LA	70126		on ID : e445ed7e-b025-49f4-9 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 N	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , , 2	210363.37	Disbursement For 2014 Other	: Primary
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
Rebecca A Shearer			10 M	/ 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6544 Arno College Grove Rd			Amount	
City	State	Zip Code		105.00
College Grove	TN	37046		n ID : bacea1c1-382c-44e5-8 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	203387.65	Disbursement For 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	·S			117.30
,				7
(b) SUBTOTAL of Unitemized Independent Expendit	ures		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 2	6 2014
Signature				

			FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC	DENTIFICATION NUMBER ▼
VV	omen Speak Out PAC	С	C00530766
Che	ck if $X$ 24-hour report 48-hour report New report Amends report filed	on	/ D = D / Y = Y = Y
Т	Full Name of Payee Rebecca A Shearer	Date of Pu	blic Distribution/Dissemination
		10	25 2014
	Mailing Address 6544 Arno College Grove Rd	Amount	
ı	City State Zip Code	Ι	46.50
	College Grove TN 37046		on ID: 267e041b-385b-47b5-8 sbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10	/ D D / Y Y Y Y Y Y Z 2014
	Name of Federal Candidate Support Office	Sought:	House District: 00
	Mr. Mark L Pryor Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbur 203387.65  Disbur	rsement For	r: Primary X General (specify) ▶
	Full Name of Payee Parker H Morrow  Mailing Address 506 N Horton Street	Date of Pu	ublic Distribution/Dissemination
-	City State Zip Code		105.00
	,		n ID : 9ea7e850-fbec-44e0-a sbursement or Obligation
ľ	Purpose of Expenditure Salary  Category/ Type 001	10	
ľ	Name of Federal Candidate Support Office	Sought:	House District: 00
L	Mr. Mark L Pryor Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For	r: Primary X General (specify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures		151.50
(I	b) SUBTOTAL of Unitemized Independent Expenditures		7 1 7 1 7
(0	c) TOTAL Independent Expenditures		7
W	nder penalty of perjury I certify that the independent expenditures reported herein were not maith, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date 10	) / 2	6 2014
	Signature		

PAGE 121

OF

FEC IDENTFICATION NUMBER ▼   C   C00530766	ochedule Ly						FOR SE OF	FORM 24/48
Check if	NAME OF COMMITTEE (In Full)					FEC	IDENTIFICATION	ON NUMBER ▼
Full Name of Payee Purpose of Expenditure Mailing Address So4 Roundabout Circle  Full Name of Payee Armelia Brackett  Mailing Address So4 Roundabout Circle  City State Zip Code Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  City State Zip Code Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Purpose of Expenditure Mailing Address So4 Roundabout Circle  City State Zip Code Armelia Brackett  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Purpose of Expenditure Solary  Calendar Year-To-Date President Solary	women Speak Out PAC					C	C00530766	
Mailing Address 506 N Horton Street  City State Zip Code AR 72143  Purpose of Expenditure Mileage  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Purpose of Expenditure  Searcy AR 72143  Name of Payee  Amount  City State Zip Code  President Senate State: AR  Calendar Year-To-Date Purpose of Expenditure  Mailing Address 804 Roundabout Circle  City State Zip Code  Searcy AR 72143  Date of Public Distribution Dissemination  Transaction ID : 95aa7 1a-20174-99bb-3  Date of Debursement or Obligation  Thouse Surphy  Senate State: AR  Disbursement For: Primary Senaral  Amount  City State Zip Code  Searcy AR 72143  Name of Payee  Amount Searcy AR 72143  Name of Federal Candidate  Mr. Mark L Pryor Oo1  Name of Federal Candidate  Mr. Mark L Pryor Oo1  Name of Federal Candidate  Mr. Mark L Pryor Oppose  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Amount  Transaction ID : 05aa7 1a-20174-90bb-3  Date of Debursement For: Primary Senaral  Transaction ID : 05aa7 1a-20174-90bb-3  Date of Public Distribution Dissemination  Transaction ID : 05aa7 1a-20174-90bb-3  Date of Public Distribution Dissemination  Transaction ID : 05aa7 1a-20174-90bb-3  Date of Public Distribution Dissemination  Transaction ID : 05aa7 1a-20174-90bb-3  Date of Public Distribution Dissemination  Transaction ID : 05aa7 1a-20174-90bb-3  Date of Public Distribution Dissemination  Transaction ID : 05aa7 1a-20174-90bb-3  Date of Public Distribution Dissemination  Transaction ID : 05aa7 1a-20174-90bb-3  Transaction ID : 05aa7 1a-20174-90bb-3  Transaction ID : 05aa7 1a-20174-90bb-3  Date of Public Distribution Dissemination  Transaction ID : 05aa7 1a-20174-90bb-3  Tra	Check if 24-hour report 48-hour report	New repo	ort Am	nends repo	rt filed on	M = M	/ D D /	Y Y Y Y
Mailing Address 506 N Horton Street  City State Zip Code AR 72143  Purpose of Expenditure Mileage Category Type 002  Name of Federal Candidate Support Mileage President Senate State: AR Calendar Year-To-Date Per Election for Office Sought Date of Disbursement or Obligation Transaction ID: 06a27fa2/0176-49bb-8 Date of Disbursement or Obligation Mr. Mark L Pryor Qopose President Senate State: AR Disbursement For: Primary General President Mailing Address 804 Roundabout Circle  City State Zip Code AR 72143  Purpose of Expenditure Searcy AR 72143  Purpose of Expenditure Salary Category O01  Name of Federal Candidate Searcy AR 72143  Purpose of Expenditure Searcy AR 72143  Purpose o					С	ate of Pub	lic Distribution/	'Dissemination
City State Zip Code Searcy AR 72143  Purpose of Expenditure Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Mailing Address 804 Roundabout Circle  City State Zip Code AR 72143  Date of Public Distribution/Dissemination  City State Zip Code Armelia Brackett  Mailing Address 804 Roundabout Circle  City State Zip Code Searcy AR 72143  Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Mark L Pryor  Category/ AR 72143  Date of Public Distribution/Dissemination  Transaction ID: 68a71a2-0178-49bb-8 Date of Disbursement or Obligation  Unity Search  Calendar Year-To-Date Primary Ceneral  Amount  Transaction ID: chafab6s-d37-4404-a Date of Disbursement or Obligation  Transaction ID: chafab6s-d37-4404-a Date of Disb								
Purpose of Expenditure   Category/ Type   O02   Transaction ID: 06aa71a2-0f78-49bb-8   Date of Disbursement or Obligation	Mailing Address 506 N Horton Street				А	mount		
Purpose of Expenditure   Category/ Type   O02   Transaction ID: 06aa71a2-0f78-49bb-8   Date of Disbursement or Obligation	City	State	Zip Code					51.90
Purpose of Expenditure Mileage  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Arnelia Brackett  City Searcy AR  Category/ Type  Office Sought  Date of Public Distribution/Dissemination  Transaction ID: cb4fab86-4d37-4404-a Date of Disbursement or Obligation  Transaction ID: cb4fab86-4d37-4404-a Date of Disbursement For: primary Senate State: AR Disbursement For: primary Senate State: AR  Other (specify) IP  Under (specify) IP  Under (specify) IP  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			•					
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Amelia Brackett  Mailing Address 804 Roundabout Circle  City State Zip Code Searcy AR 72143  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Name of Precent State				002		M - M	/ D D /	Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Amelia Brackett  Mailing Address 804 Roundabout Circle  City State Zip Code Searcy AR 72143  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Mr. Emily Buchanan  (Electronically Filed)  Date of Public Distriction Corp. Primary  Date of Public Distriction/Dissemination  Tansaction ID : cohfab86-4d37-4404-a Date of Disbursement or Obligation  Tansaction ID : cohfab86-4d37-4404-a Date of Disbursement or Obligation  Tansaction ID : cohfab86-4d37-4404-a Date of Disbursement or Obligation  Tansaction ID : cohfab86-4d37-4404-a Date of Disbursement or Obligation  Tansaction ID : cohfab86-4d37-4404-a Date of Disbursement or Obligation  Tansaction ID : cohfab86-4d37-4404-a Date of Disbursement or Obligation  Tansaction ID : cohfab86-4d37-4404-a Date of Disbursement or Obligation  Tansaction ID : cohfab86-4d37-4404-a Date of Disbursement or Obligation  Tansaction ID : cohfab86-4d37-4404-a Date of Disbursement or Obligation  Tansaction ID : cohfab86-4d37-4404-a Date of Disbursement or Obligation  Tansaction ID : cohfab86-4d37-4404-a Date of Disbursement or Obligation  Tansaction ID : cohfab86-4d37-4404-a Date of Disbursement or Obligation  Tansaction ID : cohfab86-4d37-4404-a Date of Disbursement or Obligation  Tansaction ID : cohfab86-4d37-4404-a Date of Disbursement or Obligation  Tansaction ID : cohfab86-4d37-4404-a Date of Disbursement or Obligation  Tansaction ID : cohfab86-4d37-4404-a Date of Disbursement or Disbursement	Name of Federal Candidate			Support	Office S	ought:	House	District:00
Per Election for Office Sought    Pull Name of Payee Amelia Brackett	Mr. Mark L Pryor					_	X Senate	State: AR
Full Name of Payee Amelia Brackett  Mailing Address 804 Roundabout Circle  City State Zip Code Searcy AR 72143  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Date of Public Distribution/Dissemination  **To**  **To** **Date** **Date		20	03387.65					X General
Amelia Brackett    Mailing Address 804 Roundabout Circle		,						
Mailing Address 804 Roundabout Circle  City State Zip Code Searcy AR 72143  Purpose of Expenditure Salary  Name of Federal Candidate State Support Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought 20387.65  Calendar Year-To-Date Per Election for Office Sought 20387.65  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.    Ms. Emily Buchanan   Electronically Filed   Date   10   26   2014   26   2014     26   2014     26   2014     26   2014   26   2014     26   2014   2014   2014   2014   2014   2014   2014   2014   2014   2014   2014   2014   2014   2014   2014   2014   2014						M M	/ D D /	Y Y Y Y Y
Searcy AR 72143  Purpose of Expenditure Salary  Category/ Type  Ont  Transaction ID: cb4fab86-dd37-4404-a Date of Disbursement or Obligation  More of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date P	Mailing Address 804 Roundabout Circle				A		25	2014
Searcy AR 72143  Purpose of Expenditure Salary  Category/ Type  Ont  Transaction ID: cb4fab86-dd37-4404-a Date of Disbursement or Obligation  More of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date P	City	State	Zip Code		<del></del>			150.00
Purpose of Expenditure Salary    Name of Federal Candidate	'		•					
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  203387.65  Disbursement For: Primary General 2014  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures				001		M = M	/ D D /	Y Y Y Y
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Cother (specify)  Cother (specify)  (a) SUBTOTAL of Itemized Independent Expenditures	Name of Federal Candidate			Support	Office S	ought:	House	District: 00
(a) SUBTOTAL of Itemized Independent Expenditures	Mr. Mark L Pryor					-	Senate	State: AR
(b) SUBTOTAL of Unitemized Independent Expenditures		, , ,	203387.6	5		$\neg$		General
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(a) SUBTOTAL of Itemized Independent Expenditures				• [		7	201.90
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  **Ms. Emily Buchanan**  [Electronically Filed]  Date    Date   Dat	(b) SUBTOTAL of Unitemized Independent Expenditure	res			•			
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    Man	(c) TOTAL Independent Expenditures				•		- 7	
[Electronically Filed] Date 10 26 2014	with, or at the request or suggestion of, any candidate	e or authorized						
Dutc 14	Ms. Emily Buchanan	[Electroni	cally Filed]	Date				
	Signature							

PAGE 122

OF

Schedule E)	IDITORES	PAGE 123 OF 143 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC	Vomen Speak Out PAC				
Check if 24-hour report 48-hour report New	report Amends report file	ed on Man / Dab / Yayayay			
Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination			
Mailing Address 506 N Horton Street		10 25 2014 Amount			
City State Searcy AR	Zip Code 72143	105.00 Transaction ID : 0efc1974-e9c5-468a-9			
	72143	Date of Disbursement or Obligation			
Purpose of Expenditure Salary	Category/ Type 001	10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	Support Offi	ce Sought: House District: 00			
Mr. Mark L Pryor	X Oppose	President Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought	203387.65 Disl 201	bursement For: Primary X General  4 Other (specify) ▶			
Full Name of Payee	,	Date of Public Distribution/Dissemination			
Parker H Morrow		10 25 2014			
Mailing Address 506 N Horton Street		Amount			
City State	Zip Code	51.90			
Searcy AR	72143	Transaction ID : bb20ce8c-b905-4e2d-8 Date of Disbursement or Obligation			
Purpose of Expenditure Mileage	Category/ Type 002	10 25 2014			
Name of Federal Candidate	Support Offi	ce Sought: House District:00			
Mr. Mark L Pryor	Oppose	President State: AR			
Calendar Year-To-Date Per Election for Office Sought	203387.65 Dis 201	bursement For:  Primary			
(a) SUBTOTAL of Itemized Independent Expenditures		156.90			
	•	7 7 7			
(b) SUBTOTAL of Unitemized Independent Expenditures	·····				
(c) TOTAL Independent Expenditures	·····				
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authority party committee) any political party committee or its agent.					
	tronically Filed] Date	10 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature					

Schedule E)	JENT EXICID	HONES	PAGE 124 OF 143 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC	Women Speak Out PAC						
heck if X 24-hour report 48-hour report New report Amends report filed on							
Full Name of Payee Shantal C Culbreath			Date of Public Distribution/Dissemination				
Mailing Address 4691 Hercules Lane			10 25 2014 Amount				
City	Ctata	Zin Codo	100.00				
City Woodbridge	State VA	Zip Code 22193	Transaction ID : 9ec31eb6-9d51-45c1-8 Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	10 25 2014				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Mary L Landrieu		Oppose	President Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought		210363.37	Disbursement For: Primary ☐ General  2014 ☐ Other (specify) ▶				
Full Name of Payee			Date of Public Distribution/Dissemination				
Kaleigh J Wagner			10 25 2014				
Mailing Address 18065 Wayne Rd			Amount				
City	State	Zip Code	155.00				
Odessa	FL	33556	Transaction ID : eb245617-2345-4654-b Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	10 / 25 / Y 2014				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Mr. Mark L Pryor		Oppose	President Senate State: AR				
Calendar Year-To-Date Per Election for Office Sought		203387.65	Disbursement For:  Primary				
(a) SUBTOTAL of Itemized Independent Exper	nditures		. ▶ 255.00				
(b) SUBTOTAL of Unitermized Independent Ex	penditures						
			7 7 7				
(c) TOTAL Independent Expenditures			<b>&gt;</b>				
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political				
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 26 2014				
5.g.14.410							

	<del>-</del> ,		FOR SE OF	FORM 24/48
	OMMITTEE (In Full)	FEC	IDENTIFICATION	ON NUMBER ▼
vvomen	Speak Out PAC	С	C00530766	
Check if X	24-hour report 48-hour report New report Amends report filed on	M = M	/ D D /	Y Y Y Y Y
		of Pub	blic Distribution	/Dissemination
	y M Gold	10 <sup>M</sup>	/ D D /	2014
Mailing A	ddress 1436 Haigs Creek Dr Amo	unt		
City	State Zip Code			155.00
Elgin	SC 29045 <b>Tran</b>		n ID: 83ae0be	7-edf3-42ec-b
Purpose Salary	of Expenditure  Category/ Type  001	M M M	25	2014
Name of	Federal Candidate Support Office Sough	ght:	House	District:00
Mr. Mar			X Senate	State: AR
	endar Year-To-Date  Election for Office Sought  Disburseme 203387.65  Disburseme		Primary	General
Full Non				/Discourie ation
	M Gold	м = м 10	blic Distribution	Z014
Mailing /	ddress 1436 Haigs Creek Dr Amo		20	2014
City	State Zip Code			119.31
Elgin	SC 29045 Trans		ID: f0feb164-	0283-4097-9
Purpose Mileage	of Expenditure  Category/ Type  002	10 <sup>M</sup>	25	2014
Name of	Federal Candidate Support Office Sou	ght:	House	District: 00
Mr. Mar	L Pryor Oppose Presi	dent	X Senate	State: AR
	endar Year-To-Date Election for Office Sought  Disburseme 2014 2014		: Primary	/ X General
(a) SUBT	OTAL of Itemized Independent Expenditures		7 7	274.31
(b) SUBT	OTAL of Unitemized Independent Expenditures		T	
(c) TOTA	Independent Expenditures		7 1 7	
with, or a	alty of perjury I certify that the independent expenditures reported herein were not made in the request or suggestion of, any candidate or authorized committee or agent of either, or (imittee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed] Date 10	26		4
Signat				

PAGE 125

OF

	meduic Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Benjamin J Crosser	10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address PO Box 398	Amount
	City State Zip Code	55.00
	Neosho AR 64850	Transaction ID: 8427b06d-e62b-479c-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	00007.05	ursement For: Primary X General
	Per Election for Office Sought 203387.65 2014	Other (specify) ▶
	Full Name of Payee Benjamin J Crosser	Date of Public Distribution/Dissemination
	Mailing Address PO Box 398	10 25 2014 Amount
	City State Zip Code	28.50
	Neosho AR 64850	Transaction ID : b2bbf488-d5b1-4a9e-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 25 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	83.50
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
		10 26 2014
	Signature	

PAGE 126

OF

Schedule E)	INT EXILIND	ITOTIES		PAGE 127 OF 143 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼			
Women Speak Out PAC			С	C00530766			
heck if X 24-hour report 48-hour report New report Amends report filed on							
Full Name of Payee Kaitlyn B Allen			M = M	c Distribution/Dissemination			
Mailing Address 2121 Daniel Dr			Amount	25 2014			
City	State	Zip Code		150.00			
Searcy	AR	72143		ID: ba4b1221-0de5-48ce-b ursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	M 10	25 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Mr. Mark L Pryor		X Oppose		Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought	2	203387.65	Disbursement For: 2014 Other (sp	Primary			
Full Name of Payee Kaitlyn B Allen			Date of Publ	ic Distribution/Dissemination			
Mailing Address 2121 Daniel Dr			10 Amount	25 2014			
			Amount				
City Searcy	State AR	Zip Code 72143		94.20 D : <b>8069d573-f5d0-4859-b</b>			
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disb	ursement or Obligation  / 25 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Mr. Mark L Pryor		Ouppose		Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought		203387.65	Disbursement For: 2014 Other (s	Primary X General pecify) ▶			
(a) SUBTOTAL of Itemized Independent Expendit	ures			244.20			
(b) SUBTOTAL of Unitemized Independent Expen	ditures						
				4			
(c) TOTAL Independent Expenditures			<b>&gt;</b>				
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 26	2014			

Sch	nedule E)	./(i =: +=:	10.120			PAGE 128 OF 143 FOR SE OF FORM 24/48
	TE OF COMMITTEE (In Full)					NTIFICATION NUMBER ▼
Wo	omen Speak Out PAC					00530766
	ck if 24-hour report 48-hour report	≺ New repo	ort Amends repo	ort filed on	/ / / / / / / / / / / / / / / / / / /	D = D / Y = Y = Y
T	Full Name of Payee Lauren E Heffington					Distribution/Dissemination
	Mailing Address 488 Broadwell Dr				10	25 / 2014
				Amou	unt	
- 1	City Sta Nashville T		Zip Code 37220			40.00 : f3543da0-3fa4-40a1-9
	Purpose of Expenditure Salary		Category/ Type 001		of Disburse	ement or Obligation  25  2014
1	Name of Federal Candidate		Support	Office Sough	nt:	House District: 00
	Mr. Mark L Pryor		X Oppose	Presid	ent X	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	2	203387.65	Disbursemer 2014	nt For:  Other (spec	Primary
	Full Name of Payee Lauren E Heffington				of Public [	Distribution/Dissemination  25
	Mailing Address 488 Broadwell Dr			Amou	unt	
	City Sta	tate	Zip Code			9.27
		ΓN	37220			c4ea4e56-10e3-4153-8 ement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		10 /	25 / 2014
	Name of Federal Candidate		Support	Office Sough	ht:	House District: 00
	Mr. Mark L Pryor		Oppose	Presid	lent X	
	Calendar Year-To-Date Per Election for Office Sought		203387.65	Disbursemer 2014	nt For: Other (spec	Primary X General
(a	a) SUBTOTAL of Itemized Independent Expenditures			•		49.27
(b	b) SUBTOTAL of Unitemized Independent Expenditures	·		<b>.</b>		
(c	c) TOTAL Independent Expenditures			· -	-7	7
Wi	nder penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate or arty committee) any political party committee or its agen	r authorized				
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	e 10	26	2014
	Signature					

							FOR SE OF	FORM 24/48
NAME OF COMMITTEE						FEC	IDENTIFICATION	ON NUMBER ▼
Women Speak	Out PAC					С	C00530766	
Check if 24-hour r	eport 48-hour report	New repo	ort Am	ends repo	rt filed on	M = M	/ D D /	Y = Y = Y
Full Name of Payer Natalie M Fo					Date	of Pub	lic Distribution/	Dissemination
						10 <sup>M</sup>	25	2014
Mailing Address 10	57 Waldron Road				Amo	ount		
City		State	Zip Code					140.00
LaVergne		TN	37086				ID: 10648a47 oursement or C	
Purpose of Expend Salary	iture		Category/ Type	001		10	25	2014
Name of Federal C	andidate		S	Support	Office Sou	ght:	House	District: 00
Mr. Mark L Pryor			$\times$	Oppose	Presi	dent	X Senate	State: AR
Calendar Year- Per Election fo	To-Date r Office Sought	, 2	03387.65		Disburseme		Primary  Specify) ▶	X General
Full Name of Payer Rachel H You Mailing Address						ount	olic Distribution/	Dissemination  Y Y Y Y Y Y 2014
City		State	Zip Code		-			140.00
Searcy		AR	72149				ID : fa32dc00-bursement or C	
Purpose of Expend Salary	iture		Category/ Type	001		10 <sup>M</sup>	25	2014
Name of Federal C	andidate			Support	Office Sou	ght:	House	District:00
Mr. Mark L Pryor			$\times$	Oppose	Pres	ident	X Senate	State: AR
Calendar Year- Per Election fo	To-Date or Office Sought	7-1-17	203387.65	5	Disbursem 2014		Primary specify) ▶	X General
(a) SUBTOTAL of It	emized Independent Expenditure	es					1 1 7	280.00
(b) SUBTOTAL of U	nitemized Independent Expendit	tures			•			
(c) TOTAL Independ	lent Expenditures				•			
with, or at the reque	rjury I certify that the independent st or suggestion of, any candidate political party committee or its	ate or authorized						
	ly Buchanan	[Electroni	cally Filed]	Date	10	26	201	
Signature								

PAGE 129

OF

FEC IDENTRICATION NUMBER ▼   C   C00539766		icauic L)	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Rachel Hyoung Mailing Address Box #11543 915 E Market Ave  City State Zip Code Mileage Careful Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought  City State Zip Code Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Purpose of Expenditure Solary  Calendar Year-To-Date Purpose of Expenditure Milling Address 3722 SE Evans Dr  Calendar Year-To-Date Purpose of Expenditure Solary  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Market Year-To-	۷۷	omen Speak Out PAC	C C00530766
Mailing Address Box #11543 915 E Market Ave  City State Zip Code AR 72149  Purpose of Expenditure Mileage  Name of Federal Candidate Series Area State: AR Amount  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate  Mailing Address 3722 SE Evans Dr  Calendar Year-To-Date Purpose of Expenditure  Silary  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Name of Per Election for Office Sought  Calendar Year-To-Date District: On Type Oo1  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date District: On Type Oo1  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date District: On Type Oo1  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date District: On Type Oo1  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date District: On Type Oo1  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date District: On Type Oo1  Calendar Ye	Che	ck if 24-hour report 48-hour report New report Amends report filed	
Mailing Address Box #11543 915 E Market Ave  City State Zip Code AR 72149  Purpose of Expenditure Mileage Category/ Mileage District Office Sought: House District: OO President Senate State: AR Oppose President Robinson  City State Zip Code Support Office Sought: House District: OO President Robinson  Callendar Year-To-Date Peripose of Expenditure Salary  City State Zip Code President Senate State: AR Oppose President Amount  City State Zip Code Transaction ID: 94c1 ab63-Qas8-46248 District Office Sought: House District: OO President Robinson  Mailing Address 3722 SE Evans Dr  City State Zip Code Transaction ID: 9831e92c-e877-4747-9 Date of Public Distribution/Dissemination  Mailing Address 3722 SE Evans Dr  City State Zip Code Transaction ID: 9831e92c-e877-4747-9 Date of Disbursement or Obligation  Mailing Address 3722 SE Evans Dr  City State Zip Code Transaction ID: 9831e92c-e877-4747-9 Date of Disbursement or Obligation  Mailing Address 3722 SE Evans Dr  City State Zip Code Transaction ID: 9831e92c-e877-4747-9 Date of Disbursement or Obligation  Transaction ID: 9831e92c-e877-4747-9 Date of Disbursement or Obligation  Transaction ID: 9831e92c-e877-4747-9 Date of Disbursement or Obligation  Transaction ID: 9831e92c-e877-4747-9 Date of Disbursement or Obligation  Transaction ID: 9831e92c-e877-4747-9 Date of Disbursement or Obligation  Transaction ID: 9831e92c-e877-4747-9 Date of Disbursement or Obligation  Transaction ID: 9831e92c-e877-4747-9 Date of Disbursement or Obligation  Transaction ID: 9831e92c-e877-4747-9 Date of Disbursement or Obligation  Transaction ID: 9831e92c-e877-4747-9 Date of Disbursement or Obligation  Transaction ID: 9831e92c-e877-4747-9 Date of Disbursement or Obligation  Transaction ID: 9831e92c-e877-4747-9 Date of Disbursement or Obligation  Transaction ID: 9831e92c-e877-4747-9 Date of Disbursement or Obligation  Transaction ID: 9831e92c-e877-4747-9 Date of Disbursement or Obligation  Transaction ID: 9831e92c-e877-4747-9 Date of Disbursement or Obligation  Transaction ID: 9831e92c-e877-4	Т		Date of Public Distribution/Dissemination
City State Zip Code Searcy AR 72149  Purpose of Expenditure Mileage		ŭ	
Searcy  AR  72149  Furpose of Expenditure Mileage  Name of Federal Candidate  Name of Federal Candidate  Mr. Mark L Pyor  Calendar Year-To-Date Per Election for Office Sought  Purpose of Expenditure  Amount  City State Vippe  Category/ City State Vippe  Category/ City State Vippe  Category/ City State Vippe  Category/ City State Vippe  Category/ City State Vippe  Category/ Vippe  Other (specify)  Amount  Category/ Vippe  Other Salary  Name of Federal Candidate  Mailing Address  3722 SE Evans Dr  Amount  Category/ Vippe  Other  C		Mailing Address Box #11543 915 E Market Ave	Amount
Searcy  AR  72149  Furpose of Expenditure Mileage  Name of Federal Candidate  Name of Federal Candidate  Mr. Mark L Pyor  Calendar Year-To-Date Per Election for Office Sought  Purpose of Expenditure  Amount  City State Vippe  Category/ City State Vippe  Category/ City State Vippe  Category/ City State Vippe  Category/ City State Vippe  Category/ City State Vippe  Category/ Vippe  Other (specify)  Amount  Category/ Vippe  Other Salary  Name of Federal Candidate  Mailing Address  3722 SE Evans Dr  Amount  Category/ Vippe  Other  C	F	City State Zip Code	102.18
Purpose of Expenditure Mileage  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Heidi R Robinson  City State S			Transaction ID : 94c1ab63-0aa8-462d-8
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Heidi R Robinson  Mailing Address 3722 SE Evans Dr  City State Zip Code Topeka KS 66609  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Name of Pederal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Topose  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Topose  Topose  Transaction ID: 9831c92c-e877-4747-9 Date of Disbursement or Obligation  Topose  Disbursement For:  Primary  General  Office Sought:  House District:  O  Other (specify) ▶  Topose  Transaction ID: 9831c92c-e877-4747-9 Date of Disbursement or Obligation  Topose  Transaction ID: 9831c92c-e877-4747-9 Date of Disbursement or Obligation  Topose  Transaction ID: 9831c92c-e877-4747-9 Date of Disbursement or Obligation  Topose  Transaction ID: 9831c92c-e877-4747-9 Date of Disbursement For:  Disbursement For:  Primary  General  Topose  Topose  Transaction ID: 9831c92c-e877-4747-9 Date of Disbursement For:  Disbursement For:  Primary  General  Topose  Topose  Topose  Transaction ID: 9831c92c-e877-4747-9 Date of Disbursement For:  Disbursement For:  Primary  General  Topose  Topose  Topose  Transaction ID: 9831c92c-e877-4747-9 Date of Disbursement or Obligation  Topose  Topose  Transaction ID: 9831c92c-e877-4747-9 Date of Disbursement For:  Disbursement For:  Primary  General  Topose  Topose  Topose  Transaction ID: 9831c92c-e877-4747-9 Date of Disbursement For:  Disbursement For:  Disbursement For:  Topose  Topo		Mileage Category/ 002	M M / D D / Y Y Y
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Heidi R Robinson  Mailing Address 3722 SE Evans Dr  City State Zip Code Topeka KS 66609  Topeka KS 66609  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  (Electronically Filed)  Date Of Public Distriction/Dissemination  Tansaction ID: 9831c92c-e877-4747-9 Date of Disbursement or Obligation  Tansaction ID: 9831c92c-e877-4747-9 Date of Disbursement or Obligation  Tansaction ID: 9831c92c-e877-4747-9 Date of Disbursement or Obligation  Topose of Expenditure Supplies Salary  Topose of Expenditure Supplies Salary  Topose of Expenditure Supplies Salary  Topose of Expenditure Support  Office Sought: House District: 00  President Senate State: NC  Disbursement For: Primary Senate State: NC  Disbursement For: Primary Senate State: NC  Other (specify)   Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	ı	Name of Federal Candidate Support Office	Sought: House District: 00
Per Election for Office Sought  Pull Name of Payee Heidi R Robinson  Mailing Address 3722 SE Evans Dr  City State Zip Code Topeka KS 66609  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  [Electronically Filed]  Date of Public Distribution/Dissemination  Amount  Amount  Category/  Category/ 001  Transaction ID: 9831c92c-e877-4747-9  Date of Disbursement or Obligation  Transaction I		Mr. Mark I. Druge	
Full Name of Payee Heidi R Robinson  Mailing Address 3722 SE Evans Dr  City State Zip Code Topeka KS 66609  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or subnorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Date of Public Distribution/Dissemination  ### 10 25 / 2014  Amount  **Tansaction ID: 9831c92c-e877-4747-9  Date of Disbursement or Obligation  ### 10 25 / 2014  **Tope Oot Transaction ID: 9831c92c-e877-4747-9  Date of Public Distribution/Dissemination  ### 10 25 / 2014  **Tope Oot Transaction ID: 9831c92c-e877-4747-9  Date of Public Distribution/Dissemination  ### 10 25 / 2014  **Tope Oot Transaction ID: 9831c92c-e877-4747-9  Date of Public Distribution/Dissemination  ### 10 25 / 2014  **Tope Oot Transaction ID: 9831c92c-e877-4747-9  Date of Public Distribution/Dissemination  ### 10 25 / 2014  **Tope Oot Transaction ID: 9831c92c-e877-4747-9  Date of Public Distribution ID: 9831c92c-e877-4747-9  Date		00007.05	
Heidi R Robinson  Mailing Address 3722 SE Evans Dr  City State Zip Code Topeka KS 66609  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Calegory/ Type 001  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date 10 25 2014  Amount  Amount  Amount  40.00  Transaction ID: 9831c92c-e877-4747-9  Date of Disbursement or Obligation  To Office Sought: House District: 00  To Office Sought: House District: 00  Disbursement For: Primary Seneral  Other (specify)   142.18	ŀ	Full Name of Payers	
Mailing Address 3722 SE Evans Dr    Amount   Amount			M = M / D = D / Y = Y = Y
Transaction ID: 9831c92c-877-4747-9 Date of Disbursement or Obligation  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Category/ Ms. Kay Hagan  Support  Office Sought: House District: OD President Senate State: NC  Calendar Year-To-Date Per Election for Office Sought  1060524.09  Disbursement For: Primary General 2014 Other (specify)  (c) TOTAL Independent Expenditures.  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  IElectronically Filed Date  Transaction ID: 9831c92c-877-4747-9 Date of Disbursement or Obligation  Total Total Poursement For: Primary General 2014 Other (specify)  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	1	Mailing Address 3722 SE Evans Dr	
Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	┟	City State Zip Code	40.00
Purpose of Expenditure Salary    Name of Federal Candidate		Topeka KS 66609	Transaction ID: 9831c92c-e877-4747-9 Date of Disbursement or Obligation
Ms. Kay Hagan    Calendar Year-To-Date   President   Senate   State: NC		Salany Category/ 001	M M / D D / Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought  1060524.09  Disbursement For: Primary General 2014  Other (specify) >  (a) SUBTOTAL of Itemized Independent Expenditures	ŀ	Name of Federal Candidate Support Office	e Sought: House District: 00
Per Election for Office Sought  1060524.09  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures		Ms. Kay Hagan Oppose	President State: NC State:
(b) SUBTOTAL of Unitemized Independent Expenditures		1000504.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(6	a) SUBTOTAL of Itemized Independent Expenditures	142.18
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(I	b) SUBTOTAL of Unitemized Independent Expenditures	7 7
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(0	c) TOTAL Independent Expenditures	
[Electronically Filed] Date 10 26 2014	W	ith, or at the request or suggestion of, any candidate or authorized committee or agent of either	
- Duito		[E1 - + 11 - E1 - 11	
		Buto	

PAGE 130

OF

oblicatio E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Heidi R Robinson	10 25 2014
Mailing Address 3722 SE Evans Dr	ount
City State Zip Code	9.60
Topeka KS 66609 Tran	nsaction ID : 5d1ddf6f-f817-4460-9 e of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 25 / 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Kay Hagan Presi	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 1060524.09  Disbursement 2014	ent For:
	e of Public Distribution/Dissemination
Mailing Address 7 Bards Lane	10 25 2014 ount
City State Zip Code	57.50
Fletcher NC 28732 Trans	saction ID : 958aa98a-d4bc-433f-b
Purpose of Expenditure Salary Category/ Type 001	e of Disbursement or Obligation  10 25 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Kay Hagan	• 🗀
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	67.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 1 7 1 5
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE 131

OF

			FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full) Omen Speak Out PAC	FE	C IDENTIFICATION NUMBER ▼
٧V	onion opean out i Ao	С	C00530766
Che	ck if 24-hour report 48-hour report New report Amends report filed	on M M	/ D D / Y Y Y Y Y
T	Full Name of Payee  John P Hilkert	Date of P	ublic Distribution/Dissemination
		10 <sup>M</sup>	25 2014
	Mailing Address 7 Bards Lane	Amount	
ı	City State Zip Code	l	12.60
	Fletcher NC 28732		on ID: 6632ae25-0281-410b-9 isbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10	
Ī	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms Kay Hagan	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement Fo	or: Primary
	Full Name of Payee Earl Stewart	M = N	
-	Mailing Address 9455 Snow Camp Road	10 Amount	25 2014
-	City State Zip Code	T.	60.00
	·		on ID : b146f849-cab4-467b-b Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	M 10	
	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Kay Hagan Oppose	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement Fo	or: Primary X General r (specify) ▶
(	a) SUBTOTAL of Itemized Independent Expenditures		72.60
(	b) SUBTOTAL of Unitemized Independent Expenditures		7
(	c) TOTAL Independent Expenditures		7 1 7 1 7
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either, earty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date 10	M / D	26 2014
	Signature		

PAGE 132

OF

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends rep	oort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee			Date	e of Public Distribution/Dissemination
Earl Stewart				10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9455 Snow Camp Road			Amo	punt
City	State	Zip Code		8.40
Snowcamp	NC	27349	<b>Tran</b> Date	nsaction ID : f1cafeb7-644b-4948-9 e of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 / 25 / 2014
Name of Federal Candidate		Support	Office Sou	ght: House District: 00
Ms. Kay Hagan		X Oppose	Presi	NO.
Calendar Year-To-Date Per Election for Office Sought	10	060524.09	Disburseme 2014	ent For: Primary
Full Name of Payee  Joseph R English				e of Public Distribution/Dissemination
Mailing Address 915 East Market Ave Apt 4				10 25 / 2014
			Amo	ount
City	State	Zip Code		90.00
Searcy	AR	72143		saction ID: 27b74356-6d60-40e6-8 e of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 25 / Y Y Y Y
Name of Federal Candidate		Support	Office Sou	ght: House District: 00
Mr. Mark L Pryor		X Oppose	Pres	ident State: AR
Calendar Year-To-Date Per Election for Office Sought	-,,	203387.65	Disburseme 2014	ent For:  Primary  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		··· <b></b>	98.40
(b) SUBTOTAL of Unitemized Independent Exper	nditures		<b>-</b>	
(c) TOTAL Independent Expenditures			···· <b>\</b>	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any cano party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Da	te 10	26 2014
Signature				

PAGE 133

OF

Sc	chedule E)		PAGE 134 OF 143 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC		C C00530766
Che	neck if $X$ 24-hour report 48-hour report New report Amends	report fil	ed on Man / Dad / Yayayay
T	Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination
ŀ	Mailing Address 915 East Market Ave Apt 4		10 25 2014 Amount
-	City State Zip Code		55.50
	Searcy AR 72143		Transaction ID : db1fc748-3b3c-43c7-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type	002	10 25 / Y 2014
Ì	Name of Federal Candidate Suppor	ort Of	fice Sought: House District: 00
	Mr. Mark L Pryor Oppose		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought 203387.65	Dis 20°	sbursement For: Primary X General  14 Other (specify) ▶
	Full Name of Payee Damaian A Wilburn		Date of Public Distribution/Dissemination
Ì	Mailing Address 15 W Spruce		Amount
Ì	City State Zip Code		30.00
	Liberal KS 67901		Transaction ID: 0d3700ca-4039-419e-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type	001	10 25 / Y Y Y Y Y
ľ	Name of Federal Candidate Suppo	ort Of	fice Sought: House District: 00
	Ms. Kay Hagan Oppos	se	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  1060524.09		sbursement For:  Primary
(	(a) SUBTOTAL of Itemized Independent Expenditures	······	85.50
(	(b) SUBTOTAL of Unitemized Independent Expenditures	······ <b>&gt;</b>	
(	(c) TOTAL Independent Expenditures	············ <b>&gt;</b>	
٧	Under penalty of perjury I certify that the independent expenditures reported herein w with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.		
		Date	10 26 2014
	Signature		

· · · · · · · · · · · · · · · · · · ·		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	[	C C00530766
Check if X 24-hour report 48-hour report A	mends report filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee	Date of	Public Distribution/Dissemination
Damaian A Wilburn	M 1	0 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 15 W Spruce	Amount	
City State Zip Code		1.50
Liberal KS 67901		ction ID : de3e1c13-f907-42df-a Disbursement or Obligation
Purpose of Expenditure Mileage  Category Typ	/ 002	
Name of Federal Candidate	Support Office Sought:	House District: 00
Ms. Kay Hagan	Oppose Presiden	t Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee  Damaian A Wilburn		Public Distribution/Dissemination
		0 25 / Y Y Y Y Y Y
Mailing Address 15 W Spruce	Amount	
City State Zip Code		15.00
Liberal KS 67901		tion ID: 97aac462-e1b4-41df-8 Disbursement or Obligation
Purpose of Expenditure Salary Category Typ		0 25 7 2014
Name of Federal Candidate	Support Office Sought:	House District: 00
Mr. Greg Orman	Oppose Presiden	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 183442	96 Disbursement 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditures	······································	16.50
(b) SUBTOTAL of Unitemized Independent Expenditures	······	4 1 4 1 4
(c) TOTAL Independent Expenditures	······································	7
Under penalty of perjury I certify that the independent expenditures reported hwith, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Filed]	Date 10	26 2014
Signature		

PAGE 135

OF

Schedule E)	IN EXIEND	ITORES		PAGE 136 OF 143 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Damaian A Wilburn			M = M /	Distribution/Dissemination
Mailing Address 15 W Spruce			10 Amount	25 2014
City	State	Zip Code		0.90
Liberal	KS	67901		D: 9e85c497-4cc0-4652-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President >	
Calendar Year-To-Date Per Election for Office Sought		183442.96	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Victor M Valdez			10	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1702 Central Ave			Amount	
City	State	Zip Code		40.00
Dodge City	KS	67801		: 2c9b279c-9f47-4924-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President >	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7	183442.96	Disbursement For: 2014 Other (sp	Primary X General ecify) ►
(a) SUBTOTAL of Itemized Independent Expendi	tures		•	40.90
(b) SUBTOTAL of Unitemized Independent Expe	nditures			
			-	1 1 45 1 1 45 1
(c) TOTAL Independent Expenditures			<b>)</b>	42
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 26	2014
o.g.iataro				

Schedule E)	II EXPEND	TIONES	PAGE 137 OF 143 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee Tywan Scott-Kwofie			Date of Public Distribution/Dissemination
Mailing Address 117 East Maple St			10 25 2014 Amount
City	State KS	Zip Code	100.00 Transaction ID : 3a5b1aa9-152e-4670-9
Bucklin	NO	67834	Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 25 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		Oppose	President X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 1 7	183442.96	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination
Brandon Wheeler			10 25 2014
Mailing Address 10112 Piney Creek Ct			Amount
City	State	Zip Code	70.00
Charolette	NC	28215	Transaction ID : 29d7e0de-26c3-43b6-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 25 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	203387.65	Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditur	es		170.00
,			7 7
(b) SUBTOTAL of Unitemized Independent Expendi	tures		· •
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized		
Ms. Emily Buchanan	[Electron	nically Filed] Date	10 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

				FOR SE OF	FORM 24/48
	E OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
VVC	omen Speak Out PAC		С	C00530766	
Chec	k if X 24-hour report 48-hour report New report Amends report filed	on M	- M	/ D = D /	Y I Y I Y I Y
	Full Name of Payee	Date of	of Pub	lic Distribution/	Dissemination
	Brandon Wheeler		10 <sup>M</sup>	25	2014
N	Mailing Address 10112 Piney Creek Ct	Amour	nt		
	City State Zip Code				75.00
	Charolette NC 28215			ID: d66bd9c	3-89b1-42cb-9
	Purpose of Expenditure Mileage  Category/ Type 002		10 <sup>M</sup>	25	2014
N	Name of Federal Candidate Support Office	Sough	t:	House	District:00
L	Mr. Mark L Pryor Oppose	Preside		Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbu 203387.65  Disbu 2014	rsement		Primary specify) ▶	General
	Full Name of Payee			olic Distribution	Dissemination
	Timothy Foley	M	10 <sup>M</sup>	/ 0 0 /	2014
Ī	Mailing Address 20679 Glenbrook Terrace	Amou	nt		
	City State Zip Code	Г.			30.00
	Sterling VA 20165			ID: d380bc9d bursement or 0	
	Purpose of Expenditure Salary  Category/ Type 001		10 <sup>M</sup>	25	2014
1	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
L	Mr. Greg Orman Oppose	Preside	ent	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014			Primary specify) ▶	
(a	) SUBTOTAL of Itemized Independent Expenditures				105.00
(b	SUBTOTAL of Unitemized Independent Expenditures			4	
(с	) TOTAL Independent Expenditures			7	
wi	nder penalty of perjury I certify that the independent expenditures reported herein were not math, or at the request or suggestion of, any candidate or authorized committee or agent of either arty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	M /	26		4
	Signature				

PAGE 138

OF

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Ch	eck if $X$ 24-hour report 48-hour report $X$ New report $X$ Amends report filed		- M	/ D = D /	Y   Y   Y   Y
П	Full Name of Payee	Date of	of Pub	olic Distribution	Dissemination
	Kathryn M Wolfe		10 <sup>M</sup>	25	2014
	Mailing Address 204 W 9th St	Amour	nt		
	City State Zip Code	Г.			42.50
	Pittsburg KS 66762			ID: da845db	2-cd96-410a-a
	Purpose of Expenditure Salary  Category/ Type 001		10 <sup>M</sup>	25	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Mr. Greg Orman Oppose	Preside		Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	irsemen		Primary specify) ▶	General
	Full Name of Payee Kathryn M Wolfe		of Pub	olic Distribution	/Dissemination
	Mailing Address 204 W 9th St	Amou	10 nt	25	2014
1	City State Zip Code				18.90
	Pittsburg KS 66762			ID: 3469137d bursement or 0	-555f-4e41-a
	Purpose of Expenditure Mileage  Category/ Type  002	_	10 <sup>M</sup>	25	2014
1	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Mr. Greg Orman Oppose	Preside	ent	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014			Primary specify) ▶	General
	(a) SUBTOTAL of Itemized Independent Expenditures		-7	7	61.40
	(b) SUBTOTAL of Unitemized Independent Expenditures	Ľ		F 1 1 4	
	(c) TOTAL Independent Expenditures			7	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M /	26		4
	Signature				

PAGE 139

OF

							FOR SE OF	FORM 24/48
NAME OF COMM						FEC I	DENTIFICATION	ON NUMBER ▼
vvomen Spe	eak Out PAC					С	C00530766	
Check if X 24-h	our report 48-hour report	X New repo	ort Am	ends repo	rt filed on	и = м	/ D = D /	Y   Y   Y   Y
Full Name of					Date	of Publ	lic Distribution/	Dissemination
Kristina N					Г	10 <sup>M</sup>	24	2014
Mailing Addres	<sup>SS</sup> 2138 N 1000 Rd				Amou	ınt		
City		State	Zip Code					40.00
Eudora		KS	66025				ID: d244e089 oursement or C	5-51ae-4da6-8
Purpose of Ex Salary	penditure		Category/ Type	001		10	24	2014
Name of Fede	ral Candidate			Support	Office Sough	nt:	House	District:00
Mr. Greg Orm	an			Oppose	Presid	ı	X Senate	State: KS
	Year-To-Date on for Office Sought	1	83442.96		Disbursemer 2014		Primary pecify) ▶	General
Full Name of	Payee							/Dissemination
Gabriela I	P Sosa				Г	M M M 10	/ 24 /	2014
Mailing Addre	2530 Brook Stone Dr				Amou	unt		
City		State	Zip Code		$-\Gamma$			80.00
Clemmons		NC	27012				ID: 2fc09d90- oursement or (	
Purpose of Ex Salary	penditure		Category/ Type	001		10 <sup>M</sup>	24	2014
Name of Fede	eral Candidate			Support	Office Soug	ht:	House	District: 00
Ms. Kay Haga	n		X	Oppose	Presid	lent	Senate	State: NC
	Year-To-Date ion for Office Sought	7 7	1060524.0	9	Disbursement 2014		Primary specify) ▶	General
(a) SUBTOTAL	of Itemized Independent Expen	ditures					7	120.00
(b) SUBTOTAL	of Unitemized Independent Exp	enditures			· • [	- 7	7	
(c) TOTAL Ind	ependent Expenditures				•		- 7-	
with, or at the	of perjury I certify that the independent or suggestion of, any carry any political party committee of	ndidate or authorized						
М	s. Emily Buchanan	[Electroni	cally Filed]	Date	M M /	26	201	4 Y
Signature			_					

PAGE 140

OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report X	New report Amends report filed on Amends repo
Full Name of Payee	Date of Public Distribution/Dissemination
Andy Ramos	10
Mailing Address 907 West Trail	Amount
City State	Zip Code 40.00
Dodge City KS	67801 Transaction ID : 17a40571-c8cd-476b-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 25 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Greg Orman	Oppose President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Corban L Barnett	10 25 2014
Mailing Address 1001 N Prospect	Amount
City State	Zip Code 100.00
Liberal KS	67901 Transaction ID: 46cd3fc2-92be-43a6-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 25 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Greg Orman	Oppose President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<b>&gt;</b>
	enditures reported herein were not made in cooperation, consultation, or concert uthorized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electronically Filed] Date 10 26 2014
Signature	

PAGE 141

OF

Schedule E)	LIVI EXI END	HONES		PAGE 142 OF 143 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	X New rep	oort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Tabitha J Barnett			M = M	olic Distribution/Dissemination
Mailing Address 1001 N Prospect			10 Amount	25 2014
City	State	Zip Code		100.00
Liberal	KS	67901		n ID: 658cfbe0-a6c1-4661-a bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	/ 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	.,,	183442.96	Disbursement For: 2014 Other (	Primary ⊠ General
Full Name of Payee			Date of Pub	blic Distribution/Dissemination
Tabitha J Barnett			10	25 2014
Mailing Address 1001 N Prospect			Amount	
City	State	Zip Code		15.60
Liberal	KS	67901		ID: 89041f1f-37d9-4119-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	/ 25 / Y 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7	183442.96	Disbursement For: 2014 Other (	Primary X General Specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	itures		<b>•</b>	115.60
(b) SUBTOTAL of Unitemized Independent Expe	enditures			7 7 7
				7 7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 26	
S.g.iataro				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on Amends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Edmond D Rea	10 25 2014
Mailing Address 416 Vine Dr	Amount
City State	Zip Code 70.00
Lawrence KS	66049 Transaction ID : a702e3a3-0ca8-4352-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 25 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Greg Orman	Oppose President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Edmond D Rea	10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 416 Vine Dr	Amount
City State	Zip Code 9.90
Lawrence KS	66049 Transaction ID : fcf4fa49-d505-41f7-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 10 10 25 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Greg Orman	Oppose President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	79.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	12786.87
. , , , , , , , , , , , , , , , , , , ,	enditures reported herein were not made in cooperation, consultation, or concert uthorized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electronically Filed] Date 10 26 2014
Signature	